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ABSTRACT

The booklet presents goals, objectives, and procedural guidelines for educational services to communication impaired children in Louisiana. Guidelines are set forth for the following aspects of speech, language, and hearing programs: evaluation, identification, and assessment; criteria for case selection; use of the weighted scale to assign severity to each case; individualized education plan; administrative procedures (structure); program supervision; program staff; physical plant and equipment; data systems, records, and reports; service programs available; research; and state certification requirements. Nearly one half of the document is composed of appended materials, including descriptions of minimum competencies for speech, hearing, and language specialists; sample forms; and a list of language and articulation assessment instruments. (CL)

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Speech, Hearing and Language Programs

State of Louisiana

GUIDELINES

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BULLETIN 1529

Louisiana State Department of Education
J. Kelly Nix, State Superintendent

1980–81

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STATE OF LOUISIANA
DEPARTMENT OF EDUCATION

J. KELLY NIX
State Superintendent

P. O. Box 44064
Baton Rouge, La.
70804

June 2, 1980

TO: Dr. Henry L. Smith, Assistant Superintendent,
Special Educational Services

FROM: Edna R. McManus, Supervisor of Speech and Language
Programs

RE: Guidelines for Speech, Hearing and Language Programs
(Bulletin 1529)

This bulletin has been proofed, rewritten and approved by all, as per your instructions. Draft copies have been given to parish personnel for review.

Permission is being requested to have the Bulletin sent to printing so that the official copies will be ready for distribution by September, 1980.

Dr. Henry L. Smith, Assistant Superintendent,
Special Educational Services

ERM:di

SPEECH, HEARING AND LANGUAGE PROGRAMS

STATE OF LOUISIANA

GUIDELINES

BULLETIN 1529

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1980

These guidelines were prepared by a Task Force of Speech Pathologists and Audiologists who represented each state geographical region and therapy setting. They are to be used in conjunction with the Regulations of Act 754 and Bulletin 1508 to assist in planning effective programs for children with communicative disorders. The Task Force includes the following individuals.

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OBJECTIVES

THE OBJECTIVES AND GOALS TO BE SET FOR THE CHILD WITH A COMMUNICATION DISORDER ARE THE SAME AS THOSE SET FOR ANY CHILD. ALL MUST DEVELOP NORMAL, NEAR NORMAL OR COMPENSATORY COMMUNICATING SKILLS SO THAT THEY MAY ACQUIRE KNOWLEDGE THAT WILL ALLOW THEM TO SUCCESSFULLY FULFILL THE BASIC LIFE FUNCTIONS OF SELF-REALIZATION, HUMAN RELATIONSHIPS, ECONOMIC EFFICIENCY AND CIVIC RESPONSIBILITY TO THEIR OPTIMUM POTENTIAL.

OBJECTIVES

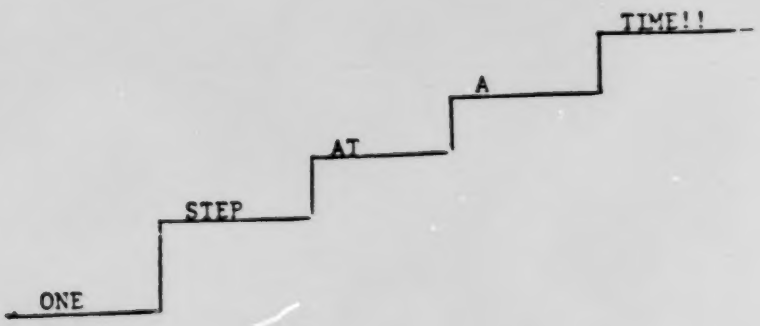
1. Self-realization
2. Human relationships
3. Economic efficiency
4. Civic responsibility

LIFE FUNCTIONS

1. Citizenship
2. Communicating
3. Home and family
4. Leisure time
5. Management of materials and money
6. Occupational adequacy
7. Physical and Mental Health
8. Safety
9. Social adjustment
10. Travel

AREAS OF KNOWLEDGE

1. Language Arts
2. Arithmetic
3. Health and Safety - Physical Education
4. Social Studies
5. Science
6. Vocational Adequacy
7. Ethical and spiritual values typical of democratic living



GOALS

TO INITIATE AND CONDUCT ALL SPEECH, HEARING AND LANGUAGE SERVICES ACCORDING TO THE ACCEPTED CODE OF ETHICS OF SPEECH, HEARING AND LANGUAGE SPECIALISTS AND THE REGULATIONS OF ACT 754.

TO PLAN AND INITIATE COMPREHENSIVE SCREENING PROGRAMS FOR THE IDENTIFICATION OF SPEECH, HEARING AND LANGUAGE PROBLEMS.

TO INITIATE FOLLOW-UP EVALUATIONS, REFERRALS TO OTHER AGENCIES OR MEDICAL OR PSYCHOLOGICAL PERSONNEL.

TO PROVIDE THERAPEUTIC SERVICES FOR SPEECH, HEARING OR LANGUAGE PROBLEMS IDENTIFIED.

TO COOPERATE WITH OTHER SCHOOL AND RELATED PERSONNEL IN PROVIDING SERVICES BEST SUITED TO THE INDIVIDUAL NEEDS OF THE CHILD.

TO MAINTAIN A HIGH LEVEL OF PROFICIENCY THROUGH THE SYSTEMATIC APPLICATION OF SOUND RESEARCH TO THE DIAGNOSTIC AND THERAPEUTIC METHOD.

TO UTILIZE ALL RESOURCES AVAILABLE IN THE COMMUNITY TO IMPROVE SERVICES TO THE CHILD.

TO COOPERATE WITH PARENTS AND TEACHERS DURING THE TOTAL THERAPEUTIC PROCESS.

TO GUIDE ALL STUDENTS IN DEVELOPING AN INDIVIDUAL SENSE OF POSITIVE SELF-WORTH.

TO BE INVOLVED IN AN ON-GOING SELF-EVALUATION OF PROFESSIONAL EXPERTISE AND A PLANNED PROGRAM OF PROFESSIONAL GROWTH.

TO FUNCTION AS A NECESSARY PART OF THE TOTAL SCHOOL AND COMMUNITY EDUCATIONAL PROGRAM.

TO PLAN AND INITIATE AN EFFECTIVE SYSTEM FOR DATA COLLECTION AND UTILIZATION.

TO INITIATE AND PARTICIPATE IN LOCAL, STATE OR NATIONAL RESEARCH PROGRAMS IF THESE CAN CONTRIBUTE TO BETTER SERVICES TO CHILDREN.

Guidelines for the Evaluation Process

GUIDELINES FOR THE EVALUATION PROCESS

ALL ASSESSMENT PROCEDURES AND MATERIAL USED MUST BE:

SELECTED AND ADMINISTERED SO AS TO BE RACIALLY AND CULTURALLY NONDISCRIMINATING;

ADMINISTERED IN THE CHILD'S NATIVE LANGUAGE OR MODE OF COMMUNICATION UNLESS IT IS CLEARLY NOT POSSIBLE TO DO SO;

VALIDATED FOR THE SPECIFIC PURPOSES THEY ARE USED;

ADMINISTERED BY THE APPROPRIATELY QUALIFIED PERSONNEL IN CONFORMANCE WITH THE INSTRUCTIONS PROVIDED BY THE TEST PRODUCER;

ADMINISTERED TO ENSURE THAT TEST RESULTS FOR A CHILD WITH IMPAIRED SENSORY, MANUAL OR SPEAKING SKILLS ACCURATELY REFLECT THE CHILD'S APTITUDE OR ACHIEVEMENT LEVEL OR WHATEVER FACTORS THE TEST PURPORTS TO MEASURE;

EVALUATION SHOULD BE CONDUCTED IN THE LANGUAGE NORMALLY USED BY THE CHILD, NOT NECESSARILY THAT OF THE PARENT;

EACH HANDICAPPED CHILD MUST BE ASSESSED IN MORE THAN SUSPECTED AREA OF DEFICIT...ALL AREAS RELATED TO SUSPECTED DISABILITY;

CHILDREN WITH SPEECH IMPAIRMENT MAY NOT NEED A COMPLETE BATTERY OF INTELLIGENCE TESTING BUT MUST RECEIVE AN EVALUATION BY A QUALIFIED SPEECH PATHOLOGIST AND AN EDUCATIONAL CONSULTANT; (Act 754)

APPROPRIATE REFERRALS MUST BE MADE FOR ADDITIONAL ASSESSMENTS NEEDS TO MAKE APPROPRIATE DIAGNOSIS AND THE DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN;

MORE THAN ONE TEST MUST BE USED TO DETERMINE APPROPRIATE PLACEMENT AND PROGRAMMING FOR THE CHILD.

NOTE:

CHILDREN WITH SUSPECTED LEARNING DISABILITY MUST BE SCREENED BY A TEAM COMPRISED OF:

A PERSON KNOWLEDGEABLE IN THE AREA OF SUSPECTED DISABILITY;

THE CHILD'S CLASSROOM TEACHER QUALIFIED TO TEACH A CHILD OF HIS OR HER AGE;

AT LEAST ONE ADDITIONAL SPECIALIST SUCH AS A PSYCHOLOGIST, SPEECH, HEARING OR LANGUAGE SPECIALIST, OR REMEDIAL READING SPECIALIST QUALIFIED TO ADMINISTER INDIVIDUAL DIAGNOSTIC ASSESSMENTS;

PARENTS MUST PROVIDE WRITTEN CONSENT BEFORE A CHILD CAN BE EVALUATED;

PARENTS MUST GIVE WRITTEN CONSENT FOR THE INITIAL PLACEMENT IN THE SPECIAL EDUCATION PROGRAM;

THE PARISH MUST PROVIDE FOR CHILDREN WHO HAVE SEVERE LANGUAGE DISORDERS IF IT HAS BEEN DETERMINED BY THE PLACEMENT COMMITTEE THAT THE CHILD WOULD BENEFIT FROM A SELF-CONTAINED CLASSROOM.

IDENTIFICATION AND ASSESSMENT

IDENTIFICATION AND DIAGNOSTIC ASSESSMENT PROCEDURE

SPEECH, LANGUAGE AND HEARING SPECIALIST SHOULD BE RESPONSIBLE FOR IMPLEMENTING AND CONDUCTING FORMAL IDENTIFICATION AND DIAGNOSTIC ASSESSMENT PROGRAMS WHICH INCLUDE:

SCREENING

THE PURPOSE OF SCREENING IS TO IDENTIFY STUDENTS HAVING A COMMUNICATION PROBLEM THROUGH THE USE OF A BRIEF, UNIFORM DISCRIMINATING TESTING PROCEDURE.

THE POPULATION TO BE SCREENED AND THE SCREENING MODELS USED SHOULD BE SPECIFIED.

QUALIFIED SPEECH, LANGUAGE AND HEARING SPECIALIST OR AUDIOLOGIST SHOULD CONDUCT OR SUPERVISE SCREENING PROGRAMS. SUPPORTIVE PERSONNEL MAY CONDUCT SCREENING UNDER SUPERVISION OF A QUALIFIED SPEECH, LANGUAGE AND HEARING SPECIALIST OR AUDIOLOGIST AFTER RECEIVING APPROPRIATE TRAINING.

THE TASKS, ITEMS, OR TESTS USED IN SCREENING SHOULD PROVIDE FOR A SAMPLING OF AUDITORY PROCESSING SKILLS, ARTICULATION, LANGUAGE, VOICE, FLUENCY, AND SHOULD BE CAREFULLY SELECTED TO ENSURE THEIR APPROPRIATENESS FOR THE POPULATION SCREENED.

PERTINENT FACTORS TO CONSIDER ARE AGE LEVELS, SOCIO-ECONOMIC STATUS, CULTURAL AND PRIMARY LANGUAGE BACKGROUND OF PUPILS, AND EASE OF ADMINISTRATION.

NORMATIVE CRITERIA SHOULD BE AGREED UPON BY STAFF AND MAY REPRESENT DATA THAT ARE NATIONAL, REGIONAL, OR BASED ON PREVIOUS STUDIES OF THE SCHOOL DISTRICT.

EVALUATION (ASSESSMENT)

ALL STUDENTS WITH PROBLEMS IDENTIFIED WILL RECEIVE A COMPLETE EVALUATION AFTER WRITTEN PERMISSION FROM THE PARENT HAS BEEN RECEIVED.

ALL STUDENTS REFERRED TO THE SPEECH, HEARING OR LANGUAGE SPECIALIST BY THE EVALUATION COORDINATOR WILL BE EVALUATED.

ALL STUDENTS WHO HAVE BEEN ENROLLED IN THERAPY AND ARE READY FOR DISMISSAL WILL BE EVALUATED BY THE SPEECH, HEARING AND LANGUAGE SPECIALIST.

Criteria for Case Selection

SPEECH IMPAIRED

DEFINITION

Speech impaired means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment which adversely affects a child's educational performance. The basic communication system, whether verbal, gestural or graphic, of such a child evidences disorder or deviations in language, articulation, fluency or voice, which interferes with educational performance.

A. Language. Impaired receptive and associative problems (e.g., comprehension, perception, organization, understanding, or memory); or expressive disorder of phonology, morphology, syntax and semantics.

B. Articulation. Nonmaturational speech disorders characterized by omission or incorrect production of speech sounds due to faulty placement, timing, direction, pressure, speed, or integration of the movement of the lips, tongue, velum, or pharynx.

C. Fluency. Inappropriate rate and time patterning of speech characterized by any of the following: sound and syllable repetitions, sound prolongations, audible or silent blocking, interjections, broken words, circumlocutions, or words produced with an excess of tension and accompanied by ancillary movements that are indicative of stress or struggle.

D. Voice. Any deviation in pitch, intensity, quality or other basic verbal attribute which consistently interferes with communication and is inappropriate to student's age, sex, or culture.

CRITERIA FOR ELIGIBILITY

A student is eligible for special programs in speech and language is the student exhibits A and B.

A. There is evidence that the problem interferes with the child's educational performance.

B. The student demonstrates one or more of the defined impairments to a degree inappropriate for the student's expected level according to his cultural and social background, chronological age, stage of non-langauge development and sex. The degree of severity in each area shall be defined according to the following scales:

LANGUAGE SEVERITY SCALE

Mild — According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 12-18 months from normal language behavior.

Moderate — According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 18-24 months from the norm. Pre-schoolers aged 0-4 years may exhibit a 6-12 month delay. Conversational speech shows definite indications of language deficit.

***Severe** — According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 24-36 months from the norm. Pre-schoolers aged 0-4 years may exhibit a 12-18 month delay. The language problem interferes with communication and educational progress and is usually accompanied by a phonology problem.

***Profound/ Multiple**

a. Profound: According to appropriate diagnostic tests used, the expressive and/or receptive skills indicate a difference of 36 months or more from the norms. Pre-schoolers aged 0-4 years may exhibit more than an 18 month delay. Communication is an effort and could range from no usable language to unintelligible speech and language. Educational progress is extremely difficult. This language problem is usually accompanied by a severe phonology problem.

b. Multiple: A combination of severe language impairment and at least a moderate speech impairment of another type.

When screening students in a regular class, a comparison should be made between the pupils' language age scores (as determined by appropriate diagnostic instruments) and their chronological ages.

*NOTE: For severe language impairments these are screening criteria. Refer to the Severe Language Disordered section for evaluation criteria.

ARTICULATION SEVERITY SCALE

Mild	One or two phonemes consistently misarticulated, whether substituted, omitted, or distorted. Sounds may be stimulable but phoneme development should be below normal limits for chronological age.
Moderate	Three or more phonemes misarticulated but still not interfering with intelligibility.
Severe	Unintelligible some of the time. Interferes with communication. Some phonemes are stimulable. Speech is distractible to the listener. Pupil may show signs of frustration.
Profound/ Multiple	a. Profound: Unintelligible most of the time; interferes with communication. Difficult to stimulate most sounds. Pupil usually shows signs of frustration and refuses to speak at times. b. Multiple: A combination of severe articulation impairment and at least a moderate speech impairment of another type.

FLUENCY SEVERITY SCALE

Mild	When a child exhibits 3 to 5 stuttered words per minute and the rate of speech is 100 or more words per minute and/or the child has a 3-5% disfluency rate. No struggle behavior is present. Child not really concerned or aware of the problem. Parents, peers and others may be aware of the problem, but not concerned.
Moderate	When a child exhibits 5 to 10 stuttered words per minute and the rate of speech is 90-99 words per minute and/or the child has a 5-10% rate of disfluency. Child is becoming aware of the problem. Parents, peers and others may be aware and concerned about the problem. Child may begin to exhibit struggle behavior.
Severe	When a child exhibits 10 to 20 stuttered words per minute and the rate of speech is 70-89 words per minute and/or child has a 10-20% rate of disfluency. Child is aware of

problem. Struggle behavior is present, but nor predominant.

Profound/ Multiple

a. Profound: When a child exhibits more than 20 stuttered words per minute and the rate of speech is 69 or fewer words per minute and/or the child has an excess of 20% rate of disfluency. Communication is an effort. Avoidance and frustrations are obvious; struggle behavior is predominant and may be evidenced by complete blocking.

b. Multiple: A combination of a severe fluency impairment and at least a moderate speech impairment of another type.

Stuttered words per minute could be calculated by eliciting a representative sample of conversational speech and oral reading and tallying the following:

1. part word repetitions
2. whole word repetitions
3. prolongations
4. struggle behavior
5. intermittent blocking
6. other manifestations of disfluency

Stuttered words per minute can be calculated by stuttered words divided by minutes. SW/Min

Rate of disfluency may be calculated by stuttered words divisded by total words. SW/TW

VOICE SEVERITY SCALE

Mild — A voice disorder which causes a slight but chronic deviation in pitch, quality, resonance or intensity.

Moderate — A voice disorder which causes a chronic and consistent voice difference in pitch, quality, resonance, or intensity as noted by a trained listener.

Severe — A voice disorder which causes a chronic and significant difference in pitch, quality, resonance, or intensity which is noticeable to an untrained listener and may interfere with communication.

Profound/ Multiple

a. Profound: A chronic voice disorder of pitch, quality, resonance, or intensity which interferes with communication.

b. Multiple: A combination of severe voice impairment and at least a moderate speech impairment of another type.

PROCEDURES FOR SCREENING FOR SPEECH AND/OR LANGUAGE

A. All kindergarten students, all students entering the district, and students who have not been enrolled previously in any public school should be screened for language, articulation, fluency, and voice disorders.

B. Students being considered for language or speech programs shall be screened for hearing.

NOTE: No student will be eligible for a special program on the basis of screening results alone.

PROCEDURES FOR EVALUATION FOR SPEECH AND/OR LANGUAGE

A. Licensed Speech Pathologists shall be responsible for implementing and conducting formal identification and diagnostic assessment programs for students evidencing a suspected disability in language, articulation, fluency, or voice.

B. Students evidencing an impairment shall be evaluated by a licensed Speech Pathologist.

C. Standardized test instruments or published normative data in Speech Pathology shall be employed in evaluation of students evidencing a suspected disability in language, articulation, fluency or voice.

D. Medical and psychological examinations shall be requested by the Evaluation Coordinator when appropriate to the evaluation of a suspected disability in language, articulation, fluency or voice.

E. In all cases a child with voice impairment shall have an appropriate medical specialist added to the team.

F. An educational evaluation conducted by an educational consultant which indicates that the speech impairment interferes with the child's educational performance and progress.

SEVERE LANGUAGE DISORDERED

DEFINITION

Severe language disordered is a type of communication impairment resulting from any physical or psychological condition which seriously interferes with the development, formation and expression of language and which adversely affects the educational performance of the child.

CRITERIA FOR ELIGIBILITY

A student is eligible for special classroom placement for the severe language disordered if the student demonstrates A and B.

A. Impairment

1. Expressive, integrative and/or receptive language skills three or more standard deviations below the mean in at least one of the above areas as measured by standardized test(s) and other appropriate diagnostic evaluation of language functioning, as compared to the student's development level. Developmental level shall be determined through non-language assessment procedures.

2. Communication is an effort or is unintelligible.

B. Educational Deficit

Significant deficits in educational progress.

C. This category does not include moderate, severe and profound mentally retarded, autistic, or hearing impaired children.

PROCEDURES FOR EVALUATION

A. Individually conducted evaluation of the student's receptive, integrative and expressive language functioning in verbal, and gestural channels. Children who use language boards for communication shall be assessed utilizing this medium. This assessment is conducted by a licensed speech pathologist utilizing appropriate diagnostic instruments.

B. Individual assessment of current academic and educational functioning utilizing standardized instruments and conducted by an educational consultant.

C. Psychological and/or medical assessment when appropriate shall be obtained by the Evaluation Coordinator.

HEARING IMPAIRED

1. DEFINITION

Hearing Impaired is a child whose auditory sensitivity and acuity is so deficient as to interfere with auditory learning. It includes both Deaf and Hard of Hearing children.

(a) Deaf--a hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance. The student's pure tone average of 500, 1000 and 2000 Hz in the better ear is 70dB or greater. (ANSI)

(b) Hard of hearing--a hearing loss which may range from mild to severe unaided. The student's pure tone average of 500, 1000 and 2000 Hz in the better ear is between 25 and 70 dB. (ANSI)

2. CRITERIA FOR ELIGIBILITY

To be eligible for special programs for hearing impaired there shall be:

(a) Audiological evidence that the student is deaf or hard of hearing.

(b) Evidence that because of hearing loss the child is unable to perform academically or to develop language at a level commensurate with the expected level without special education.

3. PROCEDURE FOR SCREENING

Screening should be done for all students entering the district, all kindergarten children, first and third grade students. All children with a history of ear problems should be screened annually.

(a) Audiometric screening and referral shall be in accordance with the following standards. Screening shall be done at 25 dB (ANSI) for the following frequencies: 500, 1000, 2000, and 4000 Hz. Failure to respond at 25 dB in two or more frequencies, in at least one ear is criteria for failure.

(b) In addition, it is strongly recommended that tympanometric (middle ear) screening be done annually with children preschool through grade 4. Children with middle ear pressure outside the range of 200 and +50 mm H_2O and/or excessively stiff or placid tympanogram in either ear will be considered "at risk" and referred for audiological and/or otological examination.

4. PROCEDURE FOR EVALUATION

(a) Physicians with specialized training or experience in diagnosis and treatment of hearing impairment and/or licensed audiologists shall evaluate the student's hearing sensitivity and acuity.

(b) Receptive and expressive communication skills shall be assessed by a licensed speech pathologist. The assessment shall be in the student's usual mode of communication or with an interpreter.

(c) Evaluation of academic achievement and communication skills shall take into consideration the student's intellectual functioning, degree of hearing loss and method of communication and be evaluated by an educational consultant.

(d) Tests to determine intellectual functioning and learning abilities, when appropriate, shall be selected from non-verbal, performance scales standardized on, or adapted for, the hearing impaired. Psychologists administering these instruments must be trained or experienced in the administration and interpretation of such instruments.

(e) Academic achievement and learning abilities shall be evaluated by other qualified examiners as appropriate in judgement of the Evaluation Coordinator. These evaluations shall be conducted with an interpreter or in the student's usual mode of communication.

NOTE: When the data indicates that the student is deaf, the Evaluation Coordinator should refer the child to the specialized statewide assessment center at Louisiana State School for the Deaf for Individual Evaluation.

WEIGHTED SCALE

(Multiple-factor X)

WEIGHTED SCALE

1-2-3-4

* The weight assigned to each case follows the <u>severity</u> assigned according to eligibility criteria for speech, hearing, and language outlined in the Regulations of Act 754, Appendix II, Bulletin 1508 and pages 12-18 of this Bulletin (1529).

1. Mild	3. Severe
2. Moderate	4. Profound/Multiple

* The weight is a scheduling device that is applied at the IEP conference.

* The cumulative total of all weights should not be less than 40 points nor exceed 79 points.

* The minimum amount of time stipulated on the IEP should be at least 1 hour weekly. It is not based on the weighted factor.

* The intent of this weighted scale system is to limit case loads to assure that the speech, hearing, and language specialist has the flexibility of working as intensively as is professionally feasible and sound to assure that the amount of therapeutic time is provided which will be most beneficial to the child.

Weights Are Altered at the IEP Update

* Other services provided by speech, hearing, and language specialists that are not in regularly scheduled therapy, should be given a weight of <u>1 point</u> for <u>1 hour</u> of service. i.e., three hours of screening or diagnostic work weekly. These points must be added to the cumulative case load not to exceed 79. A plan for these additional services must be filed in the State Special Education Office according to policy statement issued to supervisors, August, 1979.

Scheduling

A. Appendix II, 754 Regulations -- Bulletin 1508 Eligibility Criteria

1. Mild
2. Moderate
3. Severe
4. Profound/Multiple

B. Consider the following when applying weight for scheduling cases and establishing priority.

*Clinical judgement should not change the weight more than 1 point up or down the scale.

1. Chronological age as it relates to language age; developmental age.
2. Age child should have developed the communication skills missing.
3. Response of child to stimulation of the defective speech and/or language structure.
4. The consistency of the errors.
5. The effect that the communication problem has on the child's ability to interact with others.
6. Extent to which the speech of the child disturbs listeners.
7. Ability of the child to communicate well enough to satisfy his needs.
8. Status of speech and language stimulation available in the home.
9. The effect the problem has on school performance.

INDIVIDUALIZED EDUCATION PLAN

* The IEP is a management tool which should reflect the plan for the total educational strategies to be used for the child.

* The speech, hearing, and langugage specialists should provide goals and objectives for the development of communication skills at the IEP conference.

* Progress reports must be made to parents at the reporting period used for all students.

All objectives should be written in

R elevant

U nderstandable

M easurable

B elieveable

A chievable

terms.

* Progress should be reported in percentage of correction on the appropriate page of the IEP.

**NOTE: Dismissal: Children are eligible for dismissal when:

(1) All objectives on the IEP have been completed, or

(2) Evaluation data indicates that the child has achieved maximum proficiency based on eligibility criterion of Bulletin 1508 for speech, hearing, and language services. or

(3) Parents, teachers and clinicians agree on dismissal. or

(4) A plan of Provisional Release has been signed.

* See IEP Handbook for specific procedures regarding forms.

* See Appendix for example.

ADMINISTRATIVE PROCEDURES

ADMINISTRATIVE STRUCTURE

These guidelines are recommendations of best policies and procedures and may vary according to the administrative structure of the individual parish.

ADMINISTRATIVE STRUCTURE

A language, speech, and hearing program in the schools shall have a clear, well-defined administrative structure.

Guidelines

A. The language, speech, and hearing program should be an inherent component of the school system's organizational structure. That structure should provide for:

   1. Clear definition of the authority and responsibilities of the administrator.
   2. Written policies which are periodically reviewed concerning the relationships between the administrator and the other school staff.
   3. Definition of and appropriate adherence to communication procedures between the administrator and his administrative superiors.
   4. Status for the program administrator commensurate with the responsibilities assigned and with other administrators in the same school system having similar responsibilities.

B. The designation of a program administrator who has advanced preparation, experience, and certification in speech pathology, audiology, and/or education of the hearing impaired, should be made. Some administrators of school language, speech, and hearing programs do not meet these criteria but are competently trained in a related discipline

such as general or special education or psychology. In these instances, the administrator should delegate such responsibilities as case determination, case management supervision, and evaluation of staff competencies in direct case management level, to one with the appropriate training, experience, and certification. When supervisory staff prepared in language, speech, and hearing are not available, the best qualified member(s) of the professional staff with such preparation should be responsible for assisting in difficult diagnoses, case selection, scheduling, establishment of case management goals and performance objectives, reassessment, formulation of dismissal criteria, referral and consultation. In those school districts with a program administrator untrained in the field of communicative disorders the speech pathologist generally should be given authority to make basic case management decisions and be provided with funds and opportunities for obtaining outside consultation and peer review of program and case management practices when necessary.

C. If the program is to achieve its full potential for service, the program administrator should assume responsibilities including the following:

1. Assume or delegate leadership responsibilities and have the authority to use staff in developing goals and objectives and in implementing program procedures designed to achieve them.
2. Have the authority, within budgetary limitations, to define the staff positions necessary to carry out the special program and participate in or be responsible for the selection and employment of certified persons to fill the staff positions of specialists.
3. Have the responsibility to recommend dismissal of a staff member for cause and in accordance with established school job and legal procedures.

4. Have authority and responsibility in cooperation with the staff for the financial management of the Speech, Hearing, and Language Program.
5. Participate in any administrative decisions that affect the program in terms of program policy, budget allocations, professional travel, space commitments, or use of staff.
6. Participate in recommending salary levels, salary schedules, and salary increases for personnel in the program.
7. Have the responsibility for assessing the per unit cost of the various services within the program and be involved in the determination of federal, state, and local expenditures for the program.

D. The program administrator, in cooperation with the staff, should establish an administrative structure and continuum of services to best meet the goals and objectives of the Speech, Hearing, and Language Program. The structure should provide for:

1. All staff members to be given the opportunity to help establish procedures for facilitating formal communication between the program administrator and program staff.
2. Intracommunication among sections of the program, such as regularly scheduled staff meetings and individual conferences.
3. An effective intercommunication system for relating to other departments within the school environment.
4. Appropriate intra- and interprogram staffing procedures for individual pupils.
5. A specific and detailed plan for pupils to move into, within, and from the program.
6. The responsibilities and authorities of each individual staff member to be carefully defined by the program administrator and clearly understood with staff members taking part in determining their

role descriptions, responsibilities, and competencies.

7. An energetic, ongoing program of public relations and education to be carried out by the program administrator and staff.
8. A systematic and continuing inservice education program budgeted for, implemented, and based on an analysis of total program staff needs and needs of individual staff members.
9. All regulations and policies affecting the program, such as communication procedures with principals, teachers, parents, and other programs; staff travel, vacations, sick leave, criteria for salary increases, and similar items to be clearly written and communicated by the program administrator to all staff.
10. A system of record keeping that is standard throughout the program to be carefully planned, implemented, and monitored by the appropriate staff member.
11. A program for parent counseling, instruction, and participation.
12. Strategies that are devised and used to evaluate progress, demonstrate accountability, and contribute to professional expertise and growth.
13. The language, speech, and hearing program to establish formal systems for cooperating with community, county, state, and federal agencies and with professional organizations such as the American Speech and Hearing Association, Council for Exceptional Children, and state associations.
14. The provision of appropriate facilities and adequate equipment and supplies for the staff to carry out their work.
15. A full-time program administrator with experience who holds a current State license and a Master's degree or equivalent in Speech Pathology and/or Audiology.

PROGRAM SUPERVISION

PROGRAM SUPERVISOR

These recommendations reflect best policy and procedures for supervision and will vary according to the parish policy, state laws and their regulations.

PROGRAM SUPERVISION

Patterns of supervision in the Speech, Hearing, and Language program shall be implemented to ensure quality control of services. All supervisors, coordinators, consultants, team specialists, etc., shall hold a current State license and a Master's degree or equivalent in Speech Pathology and/or Audiology.

A. Supervision and coordination should be provided for all speech, hearing, and language specialists (SHLS). When fewer than 10 staff members are employed in any one specialty area (speech pathology/audiology or education of the hearing impaired), an appropriately qualified staff member should be assigned coordination responsibilities on at least a part-time basis (see "Administrative Structure"). Each specialty area with 10-29 staff members should have a full-time supervisor. Additional supervisors should be employed in each specialty area for every 15 professionals in excess of 29 staff members. Programs exceeding 20-30 staff members should have one full-time program administrator. Substantial additional supervisory time will be required when the system provides practicum experience for college and university students. Proper supervision provides for:

1. Evaluating the effectiveness of SHLS performing their assigned duties.
2. Professional competencies of SHLS providing direct pupil services to be evaluated by an experienced person credentialed in language, speech, and hearing and meeting at least the minimum requirements set forth in these guidelines.
3. Conferences pertaining to case management to be held periodically with each staff member.

B. The frequency and nature of the supervision should depend on the qualifications and skills of the SHLS being supervised. The following guidelines are suggested:

1. Master's level staff members in their first year of employment should be directly supervised not less that 15 per cent of actual pupil-contact time averaged over the period of one school year.
2. University students fulfilling practicum in school speech, hearing, and language programs should be directly supervised not less than 30 per cent of their actual contact time. Undergraduate students may require more than 30 per cent direct supervision to assure adequate supervision. The supervision time may be divided between program supervisors, qualified program staff, and/or university supervisors following a jointly agreed-upon supervision plan.

C. Program management responsibilities for the supervisor should include:

1. Developing, in conjunction with staff and administration, a list of needs, goals, and measurable objectives for the program.
2. Developing a formal data collection system for program and case management and for local, state, and national reports.
3. Assisting in recruitment, interviewing applicants, and making recommendations for employment and dismissal of professional and paraprofessional staff.
4. Conferring with other school staff members in assigning and evaluating staff.
5. Using specific skills and talents of staff members where they will have the greatest impact on the total program.
6. Establishing program guidelines and procedures for screening, scheduling, referral, case selection, and case termination.
7. Securing adequate physical facilities for the program and staff.

8. Preparing and disseminating information about language, speech, and hearing services to school personnel, public and private agencies, the community, and the profession.

9. Cooperating with school and other public and private agencies in making and accepting referrals following formal procedures.

10. Providing systematic student observation and practicum experience in cooperation with colleges and universities.

11. Preparing program requests and recommended budgets and ensuring that necessary equipment, supplies, and materials are ordered and maintained.

12. Observing and evaluating staff and communication aides.

D. Consultative responsibilities of the supervisor include:

1. Discussing and demonstrating methods of improving direct services.

2. Serving as a resource person in assisting staff with complex diagnostic and remedial cases.

3. Acting as a resource person in individual or group parent counseling and instruction.

4. Assisting in school curriculum development to ensure that the specialized skills of staff are used in the total educational program and that sequenced curricular experiences are provided for all pupils in developing receptive, associate and expressive skills.

5. Encouraging the development of professional interests, talents, and leadership potential of individual staff members.

E. Program development and evaluation responsibilities of the supervisor include:

1. Applying results of research in continuing program development and evaluation and encouraging and coordinating research projects using the special skills or interests of the staff.

2. Developing school and community programs to increase awareness of language, speech, and hearing problems.
3. Encouraging, implementing, and evaluating exemplary programs for communicatively handicapped pupils.
4. Developing in-service training for staff, communication aides, classroom teachers, administrators, and other school personnel.
5. Providing parents with information and assistance.
6. Establishing a system for continuous formal evaluation of the total language, speech, and hearing program.
7. Using school and community resources to provide comprehensive services for communicatively handicapped students.
8. Disseminating information from professional organizations and conferences to school personnel to upgrade pupil services through an informed staff and making available current information about materials and equipment that can enrich the program.
9. Formulating and writing program and grant proposals.

PROGRAM STAFF

PROGRAM STAFF

Qualified speech, hearing and language specialists shall be employed to provide diagnostic, habilitative, instructional, and consultative services for pupils with special communicative needs and disorders.

The State requires that speech, hearing and language specialists hold a State certification and a current license (Act 334, 1978).

Guidelines

A. Speech, hearing and language specialists shall be employed according to the State Equalization Fund Minimum Foundation (Appendix II, 754, Regs.), to ensure that quality services can be provided efficiently for all pupils in compliance with full, appropriate service requirements.

1. SHLS pupil ratio requirements for nonclassroom language, speech, and hearing staff should be flexible enough to provide optimum individualized services in direct accord with diagnosed pupil needs. SHLS pupil ratios should be established according to the multiple-factor scale defined in these guidelines.

Consideration should be given to such factors as:

a. Frequency of the sessions required.

b. Types and severity of pupils' problems.

c. Nature and level of services required by pupils to allow them to progress at optimum rates in accomplishing specific objectives.

d. Ages, intellectual abilities and social-emotional behaviors of pupils to be served.

e. Transportation schedules of pupils.

f. Travel required and number of facilities to be served if the specialist is assigned to an itinerant role.

g. Professional competencies of the specialist.

h. Other professional responsibilities of the specialist, such as screening, assessment, interdisciplinary pupil staffings, parent/teacher consultation and instruction, record keeping, and supervision of student teachers.

2. Questions of professional judgment in caseload determination and management should be directed to a program supervisor in language, speech, and hearing, the appropriate state consultant, or a peer review team.

3. Teacher-pupil ratios established for self-contained or resource classroom program models should be set in relation to Act 754, Regulations, Appendix I.

B. Coordination time should equal at least one-half day per week. This time is necessary to allow staff to perform additional professional responsibilities including IEP parent conferences, counseling, and instruction; attendance at in-service and professional development activities; interdisciplinary staffings and consultations with medical and other professional development activities; interdisciplinary staffings and consultations with medical and other professional support personnel; screening and assessing pupils referred after initial identification program has ended; classroom observation of pupils; and communicating and consulting with teachers.

C. The SHLS should be given released time and financial support for participation in orientation workshops, and in-service and continuing education, including professional meetings and conferences.

D. The SHLS should have responsibilities for determining and using professionally sound procedures for identification, diagnosis, referral, caseload selection, case termination, and follow-up to include:

1. Employing reliable assessment procedures, techniques, and standardized tests necessary for thorough and accurate diagnosis and assessment of pupil needs and behavior.
2. Conveying pertinent information to cooperating personnel.
3. Using additional professional resources when supplementary diagnostic information is needed.
4. Formulating short and long term intervention goals and objectives to meet individual needs.
5. Planning and conducting teacher and parent conferences.
6. Redefining objectives and modifying habilitation and instructional procedures as needed.
7. Effecting appropriate follow-up procedures for pupils dismissed from the program.
8. Using research strategies and results to improve program and case management.
9. Reviewing relevant case files including school and health records.
10. Originating and following procedures for an appropriate and efficient record keeping and evaluation system.
11. Establishing effective working relationships with school personnel, other professionals, and parents by:
    a. Acquainting principals, teachers, and other school personnel with language, speech, and hearing services.
    b. Participating in interdisciplinary staff conferences with school district and community personnel.
    c. Serving on diagnostic teams established for purposes of identifying, assessing, and recommending placement and/or treatment of handicapped pupils.
    d. Providing and following schedules for assigned schools and informing appropriate personnel of any departure from the schedule.

e. Evaluating the condition of work facilities and equipment in relation to pupil needs and making recommendations to the appropriate supervisor and/or administrators.

12. Cooperating with local district, community, regional, state, and federal programs to effect comprehensive services, research, and/or training of personnel.

E. Speech, hearing and language staff, using ongoing assessment and evaluation procedures, should establish general and specific pupil instructional objectives.

1. The staff should have a realistic concept of the prognosis and ultimate goals the pupil can be expected to achieve.
2. Pupil communication skill objectives should reflect the pupil's abilities as well as the limitations imposed by restricting factors revealed in the diagnostic assessment.
3. Written goals, target objectives, and learning steps should be specified in the individual communication skill modification-educational plan for each pupil.
4. Plans for the modification of communication skills should be consonant with the goals and objectives of the pupil's total educational program.

F. The SHLS should establish general and specific program objectives for rapid attainment of positive behavioral changes in pupil learning and communication.

1. Systematic procedures for the review of the diagnostic findings, instructional and clinical methods, and pupil programs should be evident.
2. The SHLS should be able to plan an effective program, including methods, techniques and materials for accomplishing objectives.

3. The SHLS should be able to execute plans to assure that each pupil experiences a feeling of accomplishment in meeting specific objectives and should be sensitive to the pupil's progress or lack of progress in achieving defined objectives.
4. The SHLS should have formal methods for evaluating and documenting the pupil's progress in achieving specific objectives and terminal goals as specified by the IEP.
5. Records of daily performance should be maintained.
6. Objective tests or pre and post measures should be administered at appropriate intervals.
7. The SHLS, following established procedures, should seek additional evaluations and/or professional consultation when the pupil fails to make satisfactory progress.

PHYSICAL PLANT AND EQUIPMENT

PHYSICAL PLANT AND EQUIPMENT

These requirements meet the specifications required by Section 504 of the Handicapped Children's Act and can serve as a monitoring guide for parishes.

PHYSICAL PLANT AND EQUIPMENT

The program environment shall be suitably situated, constructed, furnished and maintained in order that pupils receive effective professional services under conditions of maximum efficiency, safety, comfort, and privacy.

Guidelines

A. The facility used for language, speech and hearing services should be suited to pupil and SHLS needs.

1. A facility of adequate size which permits privacy and is relatively free from extraneous noise should be provided.
2. The facility should be adequately furnished for the type of services offered, for example, contain a sink and have chairs and a table of appropriate size for the pupils and specialist, a locked file cabinet for pupil records, and adequate storage space for program materials and equipment.
3. The facility should be properly heated or cooled and lighting should be adequate throughout, with several electrical outlets.
4. If audiological services are offered, a specially constructed sound-treated suite providing adequate attenuation of outside noise should be available.
5. Rooms should be readily accessible to nonambulatory pupils in schools where the physically handicapped are enrolled and all new school facilities should be designed to be barrier-free architecturally.
6. When the available space within individual schools is adequate and future construction plans do not include space for these programs, mobile language, speech, and hearing units or pre-fabricated rooms should be considered.

B. The equipment should be adequate to accomplish the specific IEP goals and objectives of the language, speech, and hearing plan.

1. A sufficient amount of appropriate materials and equipment necessary to meet the service requirements and management goals established for each pupil should be available for each language, speech, and hearing program specialist. Some materials and equipment necessary for pupil diagnosis, habilitation, and evaluation include: audiometers, auditory trainers, tape recorders, or similar devices, expendable instructional materials and supplies, special test kits and equipment, forms for reports, professional references, and file cabinets.

2. Special equipment should be provided within special classrooms and resource rooms for hearing-impaired pupils, including acoustical treatment of the classrooms, auditory amplification systems and/or individual amplification devices, projectors, and other audio-visual equipment. Specialized equipment should also be provided for pupils with language disorders in special classrooms and resource rooms.

3. For programs offering comprehensive audiological diagnostic services, the minimum audiometric test equipment should include a sound-proof suite, a calibrated audiometer, calibration log, specification of standards used (IS, ASA, ANSI), and a maintenance plan. The audiometric instrumental array should be capable of performing at least the following diagnostic procedures:

   a. Hearing screening.

   b. Pure-tone air and bone conduction testing (with contralateral masking).

c. Speech discrimination and speech reception audiometry.

d. Site-of-lesion battery.

e. Hearing aid evaluation and/or consultation.

LANGUAGE, SPEECH AND HEARING
DATA SYSTEMS, RECORDS AND REPORTS

These guidelines are provided as examples of best procedures for developing and monitoring quality programs.

DATA SYSTEMS, RECORDS AND REPORTS

Annual School Report

October 2

February 2

Language, Speech and Hearing

Data Systems, Records and Reports

Speech, hearing and language programs in the schools shall have and use data and reporting systems to facilitate program planning, management, and evaluation and permit the acquisition of current information at program and case management levels.

Guidelines

Data collection system should serve as a vehicle for improving communication, preserving pertinent information and facilitating program and pupil evaluation. In determining the data to be collected the following criteria are among those that should be considered:

- Decision making and program planning among pupils.
- Improving staff performance.
- Decision making and planning for delivery systems.
- Planning and reporting requirements of local, state and federal agencies.
- Effective pupil-based evaluation.
- Providing a baseline for cross-sectional and longitudinal research.

The data systems should be based on scientific procedures at the program management and case management levels. Necessary steps in such procedures are:

- Determination of needs
- Determination of goals and objectives
- Delineation of constraints and resources
- Development of alternative procedures
- Implementation of selected procedures
- Evaluation of procedures
- Analysis of costs benefits
- Provision of a vehicle for feedback and modification

Information from the pupil:

Cumulative school record should be available to the language, speech and hearing staff.

Notations concerning dates of enrollment in and dismissal from language, speech and hearing program should be made on the pupil's permanent record. The following additional characteristics should be incorporated in a comprehensive case record form:

Record of all services provided by language, speech and hearing personnel should be comprehensive.

Case history records should include pertinent information such as medical records, psychological reports, and educational test scores, etc.

The source of the referral should be recorded.

Files should contain all pertinent correspondence.

Up-to-date progress reports should be kept every six months, .. including phone calls, teacher and parent conferences.

A plan for security and confidentiality of all files should be initiated.

Records should be released only with parent permission and professional discretion.

EXAMPLE OF DATA SYSTEM (CASE)

(5) Student Number	Sch. No.	(6-17) Student Name - Last, First	School Name

PART - I REFERRAL AND SCREENING DATA

(18) Teacher's Last Name	(19) Referred By - Last Name	(20) Ref. Code	(21) Referral Date Mo / Day / Yr	(22) Ltr. Parents	(23) Ltr. Student

SCREENING INFORMATION

(25) Screening Date — Mo / Day / Yr

(32) Specialist Number

Name:

Communication Area	Passed	Failed
Hearing	(34)	(35)
Language	(36)	(37)
Articulation	(38)	(39)
Voice	(40)	(41)
Fluency	(42)	(43)
Communication Difference	(44)	(45)

Reason for Referral:

Other Comments:

S1

PART II - ASSESSMENT, PLACEMENT, END-OF-PERIOD DATA

ASSESSMENT (A)

(1) SLS Evaluation — (10) Mo / Day / Yr

(2) Assessment

(11) Specialist Number

Name:

PLACEMENT (P)

(3) Placement — (12) Mo / Day / Yr

(4) Revision / Update

(13) Specialist Number

Name:

END-OF-PERIOD (E)

(14) Report Date — Mo / Day / Yr

(15) Specialist Number

Name:

SECONDARY LEVEL OF DISORDER/DIFFERENCE

Disorder/Difference	Level
Hearing Impaired (46)	
Language Disorder (47)	
Articulation Disorder (48)	
Voice Disorder (49)	
Fluency Disorder (50)	
Communication Difference (51)	
Other (Specify) (52)	

(A,P,E)

OVERALL FUNCTIONAL COMMUNICATION STATUS

Enter OFCS Key Here (16) (A,P,E)

PLACEMENT SERVICE MODEL	Primary Disorder	Secondary Disorder
Classroom (no intervention)	(55)	(60)
Follow Up / Maintenance	(56)	(61)
Support Services (itin. or school based)	(57)	(62)
Special Self Contained	(58)	(63)
Other (specify)	(59)	(64)

(A,P)

S2

INTERVENTION SCHEDULE

(17) Service Plan I.D. Number

(24) Number In Group

(26) Start Date — Mo / Day / Yr

(27) Frequency of Intervention — Times Weekly

(28) Length of Session — Min.

(29) Recommended Date For Reassessment — Mo / Day / Yr

Predicted Total Intervention Time

	(X)
Less Than One year (67)	
One Year (68)	
Two Years (69)	
More Than Two Years (70)	

(P)

S3

END-OF-PERIOD REPORT

(53) Service Plan I.D. Number

(54) Total Number of Sessions Attended

RECOMMENDATIONS

(X)

Requires Further Service (29)	
No Further Service (30)	
Dismiss, Recheck May Need Further Service (31)	
Moved Out of LEA (32)	
Other (33)	

SHORT TERM OBJECTIVES

	Projected (X)	Achieved (X)
Social Skills (74)		(78)
Self-Help Skills (75)		(79)
Academic Skills (76)		(80)
Motor Skills (77)		(81)

8/79

S4

LASI Information System
Shreveport
1979-80

Output Data from Computerized Student Information Form

1. Number of students referred
2. Number of students screened
3. Number of students passed screening
4. Number of students failed
5. Number of students referred by age
6. Number of students referred by grade
7. Number of students screened by age
8. Number of students screened by grade
9. Number of articulation screenings
10. Number of language screenings
11. Number of fluency screenings
12. Number of voice screenings
13. Number of students assessed
14. Number of assessments
15. Number of students placed
16. Number of hearing assessments
17. Number of language assessments
18. Number of articulation assessments
19. Number of voice assessments
20. Number of fluency assessments
21. Number of communication difference assessments
22. Number of assessed-placement not needed
23. Number of assessed-follow-up/maintenance
24. Number assessed-receiving support service
25. Number assessed-in special education self-contained class
26. Number assessed-other
27. Number placed-support service, ages 3-5
28. Number placed-special self-contained and other, ages 3-5
29. Number placed-support service, ages 6-18
30. Number placed-special self-contained and other, ages 6-18
31. Number placed-support service, ages 18-21
32. Number placed-special self-contained and other, ages 18-21
33. Number predicted intervention less than one year
34. Number predicted intervention one year
35. Number predicted intervention two years
36. Number predicted intervention more than two years
37. Number receiving individual therapy
38. Number receiving group therapy
39. Total number of sessions
40. Total number of hours of direct service provided (total and by school)

41. Number of students requiring further service (total and by school)
42. Number of students needing no further service (total and by school)
43. Number of students needing re-check (total and by school)
44. Number of students moved
45. Total number of performance objectives projected and achieved
46. SI Reports from original CASE System, although the Louisiana pupil appraisal model makes SI-1, SI-2, and SI-3 useless.

Output Data From School System's Student Data Base

1. Data Processing department alerts therapist when a student in the speech and language program has transferred into the school from another school in the district.

2. Data Processing will produce lists of students by school who need continued service when they go from elementary to junior high or from junior high to senior high.

3. Data Processing will compute 94-142 Child Count for Speech and Language program.

Note: See sample form in Appendix

SERVICE PROGRAMS AVAILABLE

SERVICES AVAILABLE

Direct -)
) Itinerant or School Based
Indirect -)

Self contained-Severe Language

Services are provided for all children 3-21 years of age

RESEARCH

RESEARCH

Individual Speech, Hearing or Language Specialists are encouraged to become involved in research projects at the local or national level that could lead to better services to children with communicative disorders.

SAMPLE PROJECTS

1. Comparative studies of the effectiveness of individual, group, combined group and individual therapy programs.
2. Comparative study of the use of different remedial procedures with children of various ages presenting different types of disorders.
3. Studies of children's language usage, personal adjustment, and social adjustment in relation to changes in speech during participation in therapy programs.
4. Development of a list of specific therapy programs which are new and innovative, but that are also relatively inexpensive.
5. Survey the attitudes of classroom teachers on the problem of stuttering and the way they handle this problem in the classroom. Get some general conclusions on how the teacher's attitudes can help or hinder the child's problem.
6. Development of criteria for selection of children from culturally different backgrounds in a language program.
7. Development of Language Program (K-3) for bilingual children and determine its effectiveness.
8. Investigate the possible causes of the high incidence of vocal nodules in Southwest Louisiana.
9. Conduct a comparative analysis of the academic performances exhibited by Head Start participants and non-participants.
10. A comparative analysis of academic performance of the hard of hearing children and normal classroom as opposed to those children initially in a hard of hearing class and later mainstreamed into the regular classroom.

OTHERS

LOUISIANA CERTIFICATION
REQUIREMENTS FOR
SPEECH, HEARING, AND LANGUAGE SPECIALISTS

"Louisiana Certification of Speech, Hearing, and Language Specialists employed prior to September 1980 will be recognized under the "Grandfather" clause of the new certification standards that went into effect in September, 1975."

A Qualified Examiner is defined as one who holds a current license in speech pathology and/or audiology as awarded by the Louisiana Board of Examiners for Speech Pathology and Audiology.

A current license is required of all persons who provide speech, hearing and language services after July, 1979.

An ancillary certificate is a method of identifying licensed personnel who are employed by the State Department of Education.

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Minimum Competencies

of

Speech, Hearing

and

Language Specialist

MINIMUM COMPETENCIES OF SPEECH, HEARING, AND LANGUAGE SPECIALISTS

This is not an inclusive list for every area but is intended to list only minimum competencies.

MINIMUM COMPETENCIES OF SPEECH, HEARING AND LANGUAGE SPECIALIST

This list can be effectively used by Speech, Hearing and Language Specialists as an instrument of self-evaluation and as a means of identifying their role for other school personnel. 1. Superior--the individual performs as well as any the rater has observed; 2. Very Good--The individual performs this task with thoroughness in knowledge and skill; 3. Good--the individual performs the task with sufficient competency and completeness and skill; 4. Incomplete--the individual fails to perform the task with completeness and effectiveness.

I. Understands the Nature of Speech and Language Development

A. Knows theoretical basis of the relationship between pre-speech vocalizations and speech	1	2	3	4	5
B. Knows the normative data on the acquisition of phonemes	1	2	3	4	5
C. Identifies syntactic rules of standard and non-standard dialects	1	2	3	4	5
D. Identifies the normal stages of syntactical development	1	2	3	4	5
E. Can gather and analyze a language sample	1	2	3	4	5
F. Identifies semantic basis of children's utterance	1	2	3	4	5
G. Can relate semantic basis to syntactic forms	1	2	3	4	5
H. Can distinguish between semantic and syntactic errors	1	2	3	4	5

II. Exhibits Competency and Understanding in Diagnosis and Appraisal of Communication Disorders

A. General Diagnostic Skills

1. Can conduct a case history interview	1	2	3	4	5

2. Can perform an oral examination; identify adnormal and normal oral anatomical structures and functions; prognosticate possible implications of such structures 1 2 3 4 5

3. Can perform screening, pure-tone threshold and bone conduction testing 1 2 3 4 5

B. Specific Diagnostic Skills

1. Language Disorders

a. Is able to administer, score and interpret various standardized tests of receptive and expressive language function 1 2 3 4 5

b. Has knowledge of age norms for language development 1 2 3 4 5

c. Has knowledge of norms for children exhibiting different dialects 1 2 3 4 5

d. Can assess spontaneous speech by analysis of language sample 1 2 3 4 5

e. Can describe educational significance of the above 1 2 3 4 5

2. Articulation Disorders

a. Can administer various screening and deep tests of articulation 1 2 3 4 5

b. Can transcribe in phonetics defective speech 1 2 3 4 5

c. Can assess intelligibility in spontaneous speech by examining a language sample 1 2 3 4 5

d. Knows the maturational norms of articulation development 1 2 3 4 5

e. Can describe educational significance of the above 1 2 3 4 5

3. Voice Disorders

a. Can identify voice problems as related to abnormal pitch, intensity, resonance and quality	1	2	3	4	5
b. Understands the etiological factors related to functional voice problems	1	2	3	4	5
c. Understands the etiologic relationship between "functional" and "organic"	1	2	3	4	5
d. Can conduct an external laryngical examination	1	2	3	4	5
e. Can describe educational significance of the above	1	2	3	4	5

4. Organic Disorders

a. Can administer, score and interpret diagnostic tests applicable to organic speech disorders	1	2	3	4	5
b. Understands essential terminology relating to organic disorders	1	2	3	4	5
c. Understands methods of classification and other identification of organic speech disorders	1	2	3	4	5
d. Understands etiologic factors relating to the major organic speech disorder	1	2	3	4	5
e. Can conduct an appropriate case history regarding an organic speech disorder	1	2	3	4	5
f. Can describe educational significance of the above	1	2	3	4	5

5. Hearing Loss

a. Knows behavior symptoms of a hearing loss	1	2	3	4	5
b. Can make an audiological referral for further diagnostic workup when appropriate	1	2	3	4	5
c. Conducts a case history specific to the area of hearing loss	1	2	3	4	5

6. Rhythm

a. Can administer various objective tests for the identification of rhythm disorders 1 2 3 4 5

b. Can identify normal form stuttered speech 1 2 3 4 5

c. Can assess overt and covert symptoms 1 2 3 4 5

d. Can conduct a case history interview specific to rhythm disorders and age of case 1 2 3 4 5

e. Can identify those behaviors exhibited by the stutterer and their relationship to his stuttering 1 2 3 4 5

f. Understands the nature of stuttering 1 2 3 4 5

g. Can describe educational significance of the above 1 2 3 4 5

III. Understands Therapy Procedures and Methods and Their Underlying Principles

A. Language Disorders

1. Understands therapy methods for the child exhibiting delayed speech and/or language development 1 2 3 4 5

2. Describes, defines and demonstrates a variety of therapy materials 1 2 3 4 5

3. Uses an ongoing diagnostic approach to therapy materials 1 2 3 4 5

4. Can plan for and execute an ongoing program of language stimulation and speech improvement 1 2 3 4 5

5. Uses a variety of language therapy activities 1 2 3 4 5

6. Implements a language program dealing with children exhibiting language problems and dialectical differences 1 2 3 4 5

7. Can relate above to total educational process 1 2 3 4 5

B. Articulation Disorders

1.	Understands therapy methods for the child exhibiting articulation defects	1	2	3	4	5
2.	Understands the techniques of behavior modification as applied to articulation therapy	1	2	3	4	5
3.	Knows correct placement of the articulators for each phoneme	1	2	3	4	5
4.	Knows ear training techniques	1	2	3	4	5
5.	Can construct a hierarchy of order in which articulation errors should be worked on for each specific child	1	2	3	4	5
6.	Determines patterns of disordered phonology	1	2	3	4	5
7.	Uses an ongoing diagnostic approach with a variety of therapeutic techniques	1	2	3	4	5
8.	Can determine when maximal level of correction or improvement has occurred	1	2	3	4	5
9.	Plans an efficient program of skill transfer (carry-over) for the particular defective sounds	1	2	3	4	5
10.	Can relate above to total educational process	1	2	3	4	5

C. Voice Disorders

1.	Understands the therapeutic procedures applicable to the remediation of functional voice disorders	1	2	3	4	5
2.	Interprets medical information and applies this to the therapy program	1	2	3	4	5
3.	Uses a diagnostic therapy to suit the changes and needs of students	1	2	3	4	5
4.	Uses tape recordings as objective records of progress	1	2	3	4	5
5.	Determines when maximal level of correction or improvement has occurred	1	2	3	4	5

6. Understands specific methods of voice therapy appropriate to specific problems of voice 1 2 3 4 5

7. Understands the principles and methods of certain physical therapies 1 2 3 4 5

8. Knows the various techniques involved in the rehabilitation of the laryngectomee 1 2 3 4 5

9. Can relate above to total educational process 1 2 3 4 5

D. Organic Disorders

1. Understands methods of therapy for cleft palate speakers designed to improve articulation, voice and language 1 2 3 4 5

2. Understands the methods of speech therapy for the cerebral palsied child as integrated with specific physical therapy approaches 1 2 3 4 5

E. Hearing Loss

1. Can demonstrate techniques for teaching speech-reading and auditory training skills 1 2 3 4 5

2. Can use a variety of amplification devices such as auditory trainer 1 2 3 4 5

3. Understands the basis for varying difficulty in auditory discrimination 1 2 3 4 5

4. Understands the relationship between speech and resonance 1 2 3 4 5

5. Understands the relationship between speech and laryngeal mechanism 1 2 3 4 5

6. Understands the modification of breath stream in the oral cavity and the articulation 1 2 3 4 5

7. Understands the anatomical adjustments in the oral cavity related to the articulation process 1 2 3 4 5

8. Understands the architecture of the central nervous system 1 2 3 4 5

9. Understands the neurological substrates underlying language and related to the speech process 1 2 3 4 5

10. Knows the peripheral oral structures and their functions as related to the speech process 1 2 3 4 5

11. Knows the roles of the larynx, resonating and buccal cavities in the production of vowels and consonants 1 2 3 4 5

IV. Knows the Anatomy of the Hearing Mechanism

A. Understands the basic anatomy (peripheral) of the ear 1 2 3 4 5

B. Understands the basic physiology of peripheral hearing 1 2 3 4 5

C. Understands the physics of sound and its relationship to communication 1 2 3 4 5

V. Has Knowledge of Development in Related Areas of Human Growth

A. Knows the normal stages of development from infancy through adolescence with emphasis on motor, social, emotional, and psychological development 1 2 3 4 5

B. Can discern behavior characteristics of normal children 1 2 3 4 5

VI. Has Knowledge of Handicapping Conditions and Their Implications

A. Identifies and knows the types of handicapping conditions in children 1 2 3 4 5

B. Understands how differential diagnosis of these handicapping conditions are made 1 2 3 4 5

C. Recognizes variability in educational needs imposed by the handicapped 1 2 3 4 5

D. Understands impact of handicaps on children, parents, and community 1 2 3 4 5

E. Knows economic, educational and emotional justification for special education 1 2 3 4 5

F. Considers "normalcy" as selective phenomenon as it applies to human behavior in general and speech in particular 1 2 3 4 5

SHLS NAME_____ Date_____

FUNCTIONING AS A PROFESSIONAL

Rating Scale:

(1) Superior - As well as rater has observed.
(2) Very Good - Thoroughness in knowledge and skill.
(3) Good - Above Average.
(4) Average - Sufficient competency and skill.
(5) Incomplete - Fails to perform tasks with completeness and effectiveness.

Personal Traits (Individual)

1. Demonstrates emotional stability facing problems and completing assignments.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
2. Manifests interest in and dedication to the field of Communication Disorders.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
3. Has behavior consistent with ethical standards of professional personnel in Speech Pathology and Audiology.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
4. Demonstrates behavior and manner consistent with acceptable professional standards.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
5. Speech, voice and language are consistent with acceptable professional standards.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____

Personal Traits (Professional)

1. Maintains good health.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
2. Reveals intelligence in meeting problems.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____

3. Dresses neatly and appropriately.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
4. Speaks clearly and maintains satisfactory pitch and volume.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
5. Reveals enthusiasm and vitality.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
6. Displays initiative.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
7. Possesses poise and self-confidence.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
8. Adapts readily to new ideas and situations.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
9. Possesses a sense of humor.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
10. Maintains high standards of oral and written interests.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
11. Shows empathy and understanding in dealing with children.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____

12. Displays tact.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
13. Reveals fairness in all relations with children.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
14. Displays interest in all clinical activities.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
15. Assumes responsibility.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
16. Possesses the integrity expected of a member of the teaching profession.	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____
	1 2 3 4 5	_____

Comments:

_____

Supervisor, Speech, Hearing, and Language

ASSESSMENT INSTRUMENTS

LANGUAGE

Ammons Full Range Picture Vocabulary Test — 2 year-adult

Vocabulary comprehension by a picture pointing task.

Psychology Test Specialist

Appraisal of Language Disturbances (ALD) Emerick — Adults

Designed to permit the clinician to make a systematic inventory of a patient's communicative abilities both in the modalities of input and output and the central integration processes.

University Press - Northern Michigan University, Marquette, Michigan 49855

Assessment of Children's Language Comprehension (ACLC) Foster, Giddan, and Stark. — 3-6½ years

Assesses the child's ability to comprehend from 1 to 4 critical elements in correct order in single words, phrases, and sentences.

Consulting Psychologists Press, 577 College Avenue, Palo Alto, California 94306

Bankson Language Screening Test — 4-7 years

Screening test which includes morphological, syntactical, and semantic aspects of language; also screens auditory and visual perception.

Basic Concept Inventory (Engelmann) — Preschool-3rd grade

Assesses knowledge of basic concepts frequently used in verbal directions.

Follet Education Corporation, Department D.M., P. O. Box 5705, 1010 West Washington Blvd., Chicago, Illinois 60607

Bellugi-Klima's Language Comprehension Tests — Children

Evaluation of syntactic structures known to children (not standardized).

University of Illinois Press, Champaign, Illinois

Berko Test — Child-en

Assess children's ability to express morphological rules.

Berry-Talbott Language Test — Children

Assesses children's ability to express morphological rules.

Mildred Berry, Rockford, Illinois

Bilingual Syntax Measure (BSM) — 4-9 years

Designed to measure children's oral production in English and/or Spanish grammatical structures by using natural speech as a basis for making judgements; available in Spanish and English; may be used as an indicator of language dominance with respect to basic syntactic structures when both forms are administered.

Burt, Dulay, Hernandez

Boehm Test of Basic Concepts — Kindergarten through Grade 2

Evaluates comprehensive of verbal concepts; picture marking task.

The Psychology Corporation

Boston Diagnostic Aphasia Examination (Goodglass & Kaplan) — Adults

Aphasia; type and severity measures through assessment of conversational and expository speech, auditory comprehension, oral expression, understanding written language, and writing.

Psychology Corporation, New York, New York

Carrow Elicited Language Inventory (CELI) — 3-7 years, 11 mos.

Evaluates expressive syntax in a sentence repetition task.

Learning Concepts

Denver Developmental Screening Test (DDST) — 0-6 years

The DDST is a simple developmental screening test for infants and preschool children. The test covers the following four areas: gross-motor, fine motor-adaptive, language and personal-social skills. This instrument was initially standardized on 1,036 normal children representative of the Denver population. Further standardization on a cross-section of children throughout the United States has been undertaken. May be administered by a trained para-professional. The relatively short time it takes to administer (15-20 minutes) has contributed to its wide use.

Berko Test — Children

Assesses children's ability to express morphological rules.

Berry-Talbott Language Test — Children

Assesses children's ability to express morphological rules.

Mildred Berry, Rockford, Illinois

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Psychological Corporation, New York, New York

Carrow Elicited Language Inventory (CELI) — 3-7 years, 11 mo.

Evaluates expressive syntax in a sentence repetition task.

Learning Concepts.

Developmental Sentence Scoring (DSS) (Lee) — 3-6 years, 11 mo.

Assesses expressive syntax in a spontaneous language sample.

Northwestern University, Evanston, Illinois

Speech, Hearing Disorders, 36, 315-340-1971

Developmental Sentence Scoring (DSS) 3-6 years, 11 mos.

Assesses expressive syntax in a spontaneous language sample.

Northwestern University, Evanston, Illinois

Speech, Hearing Disorders, 36, 315-340-1971

Environmental Language Inventory (ELI) (MacDonald) Preschool

Assesses expression of early semantic-grammatic relations in elicited and spontaneous samples of language.

Margaret Crabtree, The Houston Test Company, P.O. Box 2152

Houston, Texas

Examining For Aphasia Adolescents and Adults

Aphasis; receptive and expressive language assessment.

Houston Test for Language Development (Crabtree) 18 mos.- 6 years

Measure general level of language functioning (receptive and expressive).

Margaret Crabtree, The Houston TEst Company, P.O. Box 3152

Houston, Texas.

Illinois Test of Psycholinguistic Abilities (ITPA) 2-10 years

Twelve subtests to assess various aspects of language processing (reception, association, expression).

Kirk McCarthy, Kirk

University of Illinois Press, Urbana, Illinois

International Test for Aphasia (Benton, Spree, DeRenzi & Vignolo) Adults

Test battery for aphasia that may be adaptable to language throughout the world.

James Language Dominance Test Kindergarten and Grade 1

Assesses language dominance in Mexican-American Children.

Language Modalities TEst for Aphasia (Wepman) Adults

Aphasia; receptive and expressive communication abilites are evaluated.

Education Industry Services

Language Sampling, Analysis and Training (Tyack & Gottsleben) Children

Describes procedures for evaluating and training children with delayed language; incorporates linguistics as well as behavioral principles.

Consulting Psychologist Press, 577 College Avenue,
Palo Alto, California 94306

Mean Length of Utterance (*MLU) Children

Number of morphemes per utterance are determined by an analysis of the child's spontaneous speech; the number of morphemes in each utterance are counted and divided by the total number of utterances.

Michigan Picture Inventory (LEREA) 4-6 years

Evaluates receptive and expressive vocabulary and several aspects of language structure.

University of Michigan Press, Ann Arbor, Michigan

Miller-Yoder Comprehension Test Children

Measures comprehension of syntax (not standardized).

University of Wisconsin, Madison, Wisconsin

Minnesota Test for Differential Diagnosis of Aphasia Adults

Aphasia; assessment of receptive and expressive communication abilities.

University of Minnesota, Minneapolis, Minnesota

Northwestern Syntax Screening Test (Lee) 3-7 years, 11 mo.

Screening test of receptive and expressive syntax performance (picture pointing and sentence repetition task).

Northwestern University Press, Evanston, Illinois

Parsons Language Sample (Intraverbal Test) (Spradlin) Children

Assesses behaviors such as imitations of verbal and nonverbal models, gesture imitation, naming, and comprehension of verbal and nonverbal commands; based on Skinner's system of language behavior.

Journal of Speech & Hearing Disorders, Monograph Supplement #10, January 1963

Peabody Picture Vocabulary (Dunn) 2½-18 years

Measures vocabulary comprehension by a picture pointing task.

American Guidance, Minnesota

Porch Index of Communicative Abilities (PICA) Preschool and school age

Assesses verbal, gestural, and graphic abilities.

Consulting Psychologist Press, 577 College Avenue, Palo Alto, California

Porch Index of Communicative Abilities (PICA) Adults

Aphasia; evaluates communicative ability.

Preschool Language Screening Test (Hannah-Gardner) 3-5 years, 11 mo.

Screening of selected language and nonlanguage tasks.

Preschool Language Scale (Zimmerman) 1-7-years

Scale of auditory comprehension and verbal ability.

Charles E. Merrill Publishing Company, Columbus, Ohio

Preschool Speech and Language Screening Test (Fluharty) 3-5 years

Phonology, syntax, semantics; based on the transformation-generative model and on developmental studies of speech and language.

Quick Test(Ammons & Ammons) 1½-19 years

Assesses vocabulary comprehension by a picture pointing task.

Psychological TEst Specialists

Receptive-Expressive Observation Scale (REO) Smith 5-12 years

Evaluates the major learning channels of visual and suditory input and verbal and written expression.

Receptive-Expressive Emergent Scale (REEL) 0-3 years

Interview scale designed to determine general level of functioning for receptive and expressive language skills.

Tree of Life, P.O. Box 447, Gainesville, Florida 32601

Screening Test for Auditory Comprehension of Language 3-6 years

Screening for receptive language disorders (vocabulary, syntax morphology).

Sequenced Inventory of Communication Development 4 mo.-4 years

Diagnostic test designed to evaluate the communication abilitites of normal and retarded children has two major sections, receptive and expressive.

Hedrick, Prather, & Tobin

Sklar Aphasia Scale Adults

WEstern Psychological Services, Los Angeles, California

Structured Photographic Expressive Language Test 3-8 years

Evaluates expressive syntax performance.

Janelle Publications, P.O. Box 12, Sandwich, Illinois 60548

Test for Auditory Comprehension of Language (Carrow) 3-6 years

Designed to measure a child's receptive English and/or Spanish language in the areas of vocabulary, morphology, and syntax.

Learning Concepts, 2501 N. Lamar, Austin, Texas 78705

Token Test for Receptive Disturbances in Aphasia — Adults

Designed to be especially sensitive to the detection of receptive disturbances so slight that they may be overlooked during the course of a clinical evaluation.

"Brain" 85- (665-678) 1962

Utah Test of Language Development (Mecham) — 1-15 years

Assesses general level of receptive and expressive language functioning.

Communication Research Assistant, Salt Lake City, Utah

Verbal Language Development Scale (Mecham) — 0-16 years

Interview scale which determines general level of language functioning.

American Guidance Service

Vocabulary Comprehension Scale (bangs) — 2-6 years

Assesses pronouns, words of position, size, quality, and quantity.

ARTICULATION

The Arizona Articulation Proficiency Scale (Barker)

Assesses articulation skills for individuals from age 2 to 14; includes both a short and long form consisting of pictures used to elicit the various speech and sounds.

Bryngelson-Glaspey Test of Articulation (See Speech Improvement Cards), Western Psychology Services, Beverly Hills, California

The Clark Picture Phonetic Inventory

Designed to assess the production of consonants, vowels, diphthongs, and consonant combinations; pictures are used to spontaneously elicit production of the target sound; scoring allows for the recording of sound substitutions, distortions, and omissions; a total of 110 sounds are tested.

Scott Foresman Company, Chicago, Illinois

Deep Test of Articulation (McDonald)

Measures ability to spontaneously articulate specific speech sounds in many different contexts, and attempts to find phonetic environments in which a sound may possibly be produced correctly; both a picture and sentence form are provided; usually administered after a preliminary articulation test has been administered.

Stantwix House, Pittsburg, Pennsylvania

Developmental Articulation Test (Hejna)

Assesses spontaneous production of consonant sounds and some consonant blends as these sounds occur initially, medially and finally in words; the sounds tested are developmentally presented; considered to be a screening test rather than a "deep" articulation test.

Speech Materials, Ann Arbor, Michigan

Fer-Will Object Kit

Samples the spontaneous production of consonants and vowels, and is particularly useful with very young children as it includes objects that are of interest to the child; although originally designed to be an aid for use with young children with language difficulties, it is also used as an articulation screening test.

The King Company, 4906 N. Tripp Avenue, Chicago, Illinois

The Fisher-Logemann Test of Articulation Competence

Assesses an individual's phonological system in an orderly framework of both a word and sentence form; articulation errors may be analyzed and summarized according to certain distinctive features; provides a table on dialects to guide the clinician in separating genuine misarticulations from dialectal variations.

Houghton Mifflin

Fluharty Speech and Language Screening Test

Screening test designed to evaluate speech and language of children from ages 2-6, various subtests evaluate skills of articulation.

Goldman-Fristoe Test of Articulation

Provides a systematic means of assessing spontaneous articulation of consonant blends in words and sentences; contextual sounds production is assessed through a series of large colored pictures which are easily identified by young children and from which the individual may tell a story.

American Guidance

Haws Screening Test for Functional Articulation Disorders

Designed to provide the examiner with a means of identifying children

who have misarticulations which may persist without receiving speech remediation; consists of 66 pictures which are used to spontaneously elicit the production of various target phonemes in their initial positions; stimulability may be determined by having the individual imitate the examiner's production of the word in which the target phoneme was missed.

Iowa Pressure Articulation Test

Designed to indicate velopharyngeal competence and to reveal the ability to impound intraoral breath pressure; utilizes 43 of the items from the Tempha-Darley Articulation Test and uses pictures to spontaneously elicit attricates, progresses from single sounds to blend to three element items.

Morris H.L. Spires Back

P. Darley F. L., An Article used for the testing of the velopharynegeal closure.

Look and Say Articulation Test

Designed for use with children of elementary school age and younger to assess articulation of vowels and consonants from black and white pictures; both a word and sentence form are available, usage depending on the child's ability to read.

Montgomery. The Kind Company, 4906 N. Tripp Avenue, Chicago, Illinois

The Ohio Test of Articulation and Perception of Sounds (OTAPS) Irwin

Constructed to evaluate 67 speech sound elements in varying linguistic units under both interpersonal and intrapersonal conditions; through the use of four subtests for articulation, phonetic accuracy of speech sounds may be determined as to type of error, stimulability, and consistency of production; evaluates spontaneous production, imitative production, consisting of sound production, and prognostic indications

for the learning of sounds; a screening portion also is included.

Photo Articulation Test (Pendergast, Dickey, Selman, Soder)

Designed to assess spontaneous articulation of consonants, vowels, and diphthongs through the use of colored photograph picture cards; the recording form allows analysis according to manner and place or articulation, stimulatibility may also be assessed.

Interstate, Danville, Illinois

Picture Articulation and Language Screening Test (Rodgers)

Assesses articulation and language skills; pictures are used to spontaneously elicit 27 phonemes (in only the initial and final positions) and various language formation abilities; can be administered in three sections to screen, to diagnose, and to aid in the election of a case load.

Word Making Productions, P.O. Box 305, Salt Lake City, Utah 84110

Predictive Screening Test of Articulation (Van Riper)

Helps differentiate children who will master their misarticulations without speech therapy from those who without therapy may persist in their errors; includes not only articulation proficiency assessment through imitation, but also auditory stimulation and discrimination, general motor ability, and rhythm.

Continuing Education Office, Western Michigan University,

Kalamazoo, Michigan 49001

Screening Deep Test of Articulation (McDonald)

Assesses ability to spontaneously produce nine commonly misarticulated consonants from paired pictures and provides a quick means of checking commonly misarticulated phonemes in a limited number of

phonetic contexts and phoneme is correctly produced; a phonetic profile is given for kindergarten children which also guides the examiner as to whether a deep test of articulation should be administered.

Screening Speech Articulation Test

Designed to assess the articulation skills of children from age 3½ to 8½ years; all consonants and vowels are presented in their initial, medial, and final positions; consonant blends are assessed though not differentiated as to their position in words; pictures are used to spontaneously elicit responses; all sounds are presented developmentally.

Sentence Articulation Test

Diagnostic sentences designed to test the production of consonant sounds in controlled contextual situations, as opposed to isolated words; each sentence is designed to present a specific consonant in its initial, medial, and final positions (e.g., Put the paper in the cup. Sing a song.); may be administered spontaneously or through imitation, according to the individual's ability to read.

Short Test for Use With Cerebral Palsy Children (Irwin)

Designed to assess the articulation skills of cerebral palsied children from ages 4 to 16; uses pictures to elicit spontaneous production of the consonants /p/, /b/, /m/, /d/, and /t/ in isolated words.

Speech Improvement Cards or Bryngelson-Galspey Test of Articulation

Screening test which assesses articulation skills through the spontaneous identification of a series of picture cards; each colored picture card contains a consonant sound presented in the initial, medial, and final position; includes also a limited number of consonant blends; a total of 48 sounds are tested.

Haws Screening Test for Functional Articulation Disorders

Designed to provide the examiner with a means of identifying children who have misarticulations which may persist without receiving speech remediation; consists of 66 pictures which are used to spontaneously elicit the production of various target phonemes in their initial positions; stimulability may be determined by having the individual imitate the examiner's production of the word in which the target phoneme was missed.

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Montgomery. The Kind Company, 4906 N. Tripp Avenue, Chicago, Illinois.

Examples - Screening Forms

Integrated Reports

Name_____Age__Grade____School_____Date____

*Note: Except where otherwise noted, Developmental Age Level signifies chronological age by which approximately 90 or more children are using the sound correctly.

Card	Dev. Age Level	Sound Tested	Check Words	1	2	3	Isc	Comments
1	3	m	monkey, hammer, broom					
2	3	n	nails, Penny, Lion					
3	3	p	pig, Puppy, cup					
4	3	h	house, dog-house, --					
5	3	w	window, spider-web, --					
6	4	b	boat, baby, (bib: 75)					
7	4	k	cat, chicken, book					
8	4	g	girl, wagon, (pig: 75)					
9	4	f	fork, telephone, knife					
10	5	y	yellow, onion, (thank-you)					
11	5	ng	---, fingers, ring					
12	5	d	dog, ladder, bed					
13	6	l	lamp, balloon, ball					
14	6	r	rabbit, barn, car					
15	6	t	table, potatoes, coat					
16	6	sh	shoe, dishes, fish					
17	6	ch	chair, matches, watch					
18	6	Blends	drums, clock, block, glasses, crayons					
19	7	v	vacuum, television, stove					
20	7	th	thumb, toothbrush, teeth					
21	7	j	jump-rope, orange-juice, orange					
22	7	s	sun, pencil, bus					
23	7	z	zebra, scissors, (rubbers: 75)					
24	7	Blends	train, star, slide, swing, spoon					
25	8	th	this, or that, feathers, ---					
26	8	Blends	scooter, snowman, desk, nest					

COLOR CODE
Red Pre-test
Blue Post-test

Parish Special Education Department
Screening – Speech, Hearing, Language

Name_____ School_____ Date_____ Examiner_____

Age_____ Sex_____ Grade_____ Teacher_____

ARTICULATION: 6 yrs. dr____ cl____ bl____ gl____ cr____
7 yrs. tr____ st____ sl____ sw____ sp____
8 yrs. sc____ sn____-sk____-st____

Dev. Age Level	Sound Tested	I	M	F
3	m			
3	n			
3	p			
3	h			
3	w			
4	b			
4	k			
4	g			
4	f			
5	y			
5	ng			
5	d			
6	l			
6	r			
6	t			
6	sh			
6	ch			
7	v			
7	th			
7	j			
7	s			
7	z			
8	th			

STIMULABILITY: Sounds are produced correctly following stimulation in isolation_____ in syllables_____ in words_____

VOICE:
Pitch: Satisfactory____ Too High____ Too Low____ Monotonous____ Spasmodic____ Stereotype____ Excessive Inflection____
Quality: Satisfactory____ Nasal____ De-Nasal____ Breathy____ Hoarse-Husky____ Harsh____ Weak-Thin____ Falsetto____ Throaty-Guttural____ Strident____
Loudness: Satisfactory____ Too Loud____ Too Soft____ Spasmodic____ Stress Irregularity____

RATE: Satisfactory____ Too Fast____ Too Slow____ Spasmodic____ Primary____ Secondary____

LANGUAGE: Expressive:_____ Receptive:_____

AUDIOMETRIC TEST: LF OK__ Sweep OK__ Recheck__ See Audiogram__

ORAL EXAMINATION:
Teeth: Satisfactory____ Underbite___ Overbite___ Open Bite___ Irregularities__ Missing__ Spaces__ Caries__
Throat: Satisfactory__ Large Tonsils__ Cleft__
Tongue: Satisfactory__ Shortened Frenum__ Tongue Thrust__ Faulty Mobility__

INTELLIGIBILITY: Readily Intelligible___ Usually Intelligible___ Intelligible If Listener Knows Topic___ Unintelligible___

OTHER TEST RESULTS: _____

OBSERVATIONS AND COMMENTS: _____

RECOMMENDATIONS: Therapy___ Referral for Complete Evaluation___ Medical Referral___

Articulation, Language, Voice, Fluency, and hearing are within Normal Limits____

CALCASIEU PARISH SCHOOLS
SPEECH AND LANGUAGE SCREENING

NAME:_____ AGE: _____ DATE:_____

D.O.B.: _____ SCHOOL _____ TEACHER/GRADE:_____

I. ARTICULATION: Screening Pictures | P | F |

Errors:_____

II. AUDITORY MEMORY: (Score: + or –) | P | F |

	Trial 1	Trail 2	
Kindergarten	_____	_____	I like to eat ice-cream cones.
	_____	_____	My watch has two hands.
	_____	_____	1-6-8-5
1st/2nd Grade	_____	_____	Jane wants to build a big castle in her playhouse.
	_____	_____	Tom has lots of fun palying ball with his sister.
	_____	_____	4-7-3-9-9
3rd Grade	_____	_____	Betty had made a pretty dress for her doll out of blue ribbon.
	_____	_____	My baby brother wants Santa Claus to bring him a great big drum.
	_____	_____	7-3-1-8-4

III. RECEPTIVE LANGUAGE: | P | F |

A. Identifies pictures on atticulation test (not previously named) P_____ F_____
B. Points to colors named by examiner (red, blue, green, yellow) P_____ F_____
C. Deals 4 cards (quantity) P_____ F_____
D. Understands prepositions: (DLM #P125; girl, bed) P_____ F_____
   1. "Point to . . . ." (on, in, under)
   2. Complete task (in front of, behind, beside)
E. Pronoun and Verbing: (Card #1) P_____ F_____

Therapist: "Listen while I tell you about one of the pictures. Point to the one I am telling about."

TRAINING: It is eating.

____	He is talking.	Student: _____
____	She is talking.	Student: _____
____	She is writing.	Student: _____
____	He is writing.	Student: _____
____	They are writing.	Student: _____
____	They are talking.	Student: _____

WHITE COPY TO SCHOOL SPEECH THERAPIST – CANARY COPY TO SPECIAL SERVICES – PINK COPY TO CUMULATIVE FOLDER

IV. EXPRESSIVE LANGUAGE: (Score: + or –)

1. Grade level items:

P	F

Kindergarten & 1st Grade		2nd Grade		3rd Grade	
defines 5 colors	_____	Alphabet	_____	Days of week	_____
MLU 5-6 words	_____	MLU 6-7 wds	_____	MLU 6-7 wds	_____
defines fork, chair	_____	Defines umbrella, letter	_____	Defines letter, donkey	_____
P_____ F_____		P_____ F_____		P_____ F_____	

V 2. Syntax: P_____ F_____

A. Uses pronouns P_____ F_____
B. Uses prepositions P_____ F_____
C. Uses correct verb tenses P_____ F_____
D. Uses plurals (card #2) P_____ F_____

Therapist points to picture and says:

___ 1. "Here is one cat. Here are two_____" cats
___ 2. "Here is one worm. Here are three_____" worms
___ 3. "Here is a leaf. Here are two_____" leaves
___ 4. "Here is one foot. Here are four_____" feet

VI VOICE:

P	F

	Adequate							Poor	
PITCH	1	2	3	4	5	6	7	8	9
PHONATION QUALITY	1	2	3	4	5	6	7	8	9
LOUDNESS	1	2	3	4	5	6	7	8	9
RESONANCE QUALITY	1	2	3	4	5	6	7	8	9

Remarks:_____

FLUENCY: (Score: + or –) (Miss 1 - fails)

P	F

_____ part word repetitions
_____ whole word repetitions
_____ prolongations
_____ struggle behavior
_____ intermittent blocking
_____ hestitations
_____ avoidance
_____ others

VII. ORAL MOTOR SKILLS (Score: (+ or –)

P	F

1. Protrude and retract tongue_____
2. Lateralization of tongue_____
3. Raise and lower jaw_____
4. Repeat ma ma ma . . . _____
5. Repeat la la la . . . _____
6. Repeat ka ka ka . . . _____
7. Repeat kala kala kala . . . _____

WHITE COPY TO SCHOOL SPEECH THERAPIST – CANARY COPY TO SPECIAL SERVICES – PINK COPY TO CUMULATIVE FOLDER

VIII. AUDIOLOGICAL:

P	F

1. Screen at 25 dB

	500 Hz	1000 Hz	2000 Hz	4000 Hz
Right				
Left				

IX. VISUAL

P	F

Check in student's cumulative folder. Date:_____

COMMENTS:

A. Behavior-

B. Rapport-

C. Cooperative/Uncooperative-

D. One to One/Group Situation-

E. Physical-

F. Others-

X. RECOMMENDATIONS:

PASS_____

FAIL (refer to speech evaluator)_____

Recheck voice (in 7 to 10 days from screening)_____

1. Pass_____
2. Fail_____ - Refer to speech evaluator

High risk - rescreen in 1 year for: (Be specific!)

_____

_____

_____

_____

EXAMINER_____

WHITE COPY TO SCHOOL SPEECH THERAPIST – CANARY COPY TO SPECIAL SERVICES – PINK COPY TO CUMULATIVE FOLDER

CALCASIEU PARISH SCHOOLS
SPEECH AND LANGUAGE SCREENING
INTERMEDIATE

NAME:_____ AGE_____ DATE:_____

D.O.B.:_____ SCHOOL: _____ TEACHER/GRADE:_____

I. ARTICULATION: Screening Sentences

P	F

Errors:_____

II. AUDITORY MEMORY: (Score: + or –)

P	F

	TRIAL 1	TRIAL 2	
10-11 years old	_____	_____	At the summer camp the children get up early in the morning to go swimming.
	_____	_____	6-1-4-2-8
12 years old	_____	_____	Yesterday we went for a ride in our car along the road that crosses the bridge.
	_____	_____	5-9-6-2-7
13 years old	_____	_____	The plane made a careful landing in the space which had been prepared for it.
	_____	_____	2-9-6-1-8-3

III. AUDITORY BLENDING:

P	F

s-i-t, t-op, pl-ay

IV. RECEPTIVE LANGUAGE:

P	F

A. Oral Directions -

1. Touch your right eye with your left hand. _____
2. Touch your right knee with your right hand. _____

V. EXPRESSIVE LANGUAGE:

P	F

Uses personal pronouns	P_____F_____
Uses prepositions	P_____F_____
Uses correct verb tenses	P_____F_____
Uses plurals	P_____F_____
Uses possessives	P_____F_____
Uses subject-predicate agreement	P_____F_____
Uses complex & compound sentences	P_____F_____
Uses questions	P_____F_____
Uses transformations & combinations	P_____F_____
Uses abstract sentences rather than concrete	P_____F_____

WHITE COPY TO SCHOOL SPEECH THERAPIST – CANARY COPY TO SPECIAL SERVICES – PINK COPY TO CUMULATIVE FOLDER

V. VOICE:

P F

	Adequate								Poor
PITCH	1	2	3	4	5	6	7	8	9
PHONATION QUALITY	1	2	3	4	5	6	7	8	9
LOUDNESS	1	2	3	4	5	6	7	8	9
RESONANCE QUALITY	1	2	3	4	5	6	7	8	9

Remarks: _____

_____

_____

VI. FLUENCY: (Score: + or –) (Miss 1 - fails)

P F

_____ part word repetitions
_____ whole word repetitions
_____ prolongations
_____ struggle behavior
_____ intermittent blocking
_____ hestitations
_____ avoidance
_____ others

VII. ORAL MOTOR SKILLS:

P F

Score: (+ or –)

1. Protrude and retract tongue_____
2. Lateralization of tongue_____
3. Raise and lower jaw_____
4. Repeat ma ma ma . . . _____
5. Repeat la la la . . . _____
6. Repeat ka ka ka . . . _____
7. Repeat kala kala kala . . . _____

VIII. AUDIOLOGICAL:

P F

1. Screen at 25 dB

	500 Hz	1000 Hz	2000 Hz	4000 Hz
Right				
Left				

X. VISUAL:

P F

Check in student's cummulative folder. Date: 102 108

X. COMMENTS:

A. Behavior-

B. Rapport-

C. Cooperative/Uncooperative-

D. One to One/Group Situation-

E. Physical-

F. Others-

XI. RECOMMENDATIONS:

PASS_____

FAIL (refer to speech evaluator)_____

Recheck voice (in 7 to 10 days from screening)_____

1. Pass_____
2. Fail_____ - Refer to speech evaluator

High risk - rescreen in 1 year for: (Be specific!)

_____
_____
_____
_____

EXAMINER:_____

WHITE COPY TO SCHOOL SPEECH THERAPIST – CANARY COPY TO SPECIAL SERVICES – PINK COPY TO CUMULATIVE FOLDER

CADDO PARISH SCHOOL BOARD

Language and Speech Assessment Form

I. IDENTIFICATION INFORMATION

1. Student name: (Last, first, middle initial)

2. Date of birth | 3. Age yrs. mo. | 4. Sex | 5. School

6. Assessment Date(s):

7. Examiner's name:

8. Position:

II. TESTS ADMINISTERED

_____ Audiometric (screening)
_____ Carrow Test for Auditory Comprehension of Language
_____ Goldman-Fristoe Test of Articulation
_____ ITPA subtests _____
_____ Language and Speech Screening Test
_____ Northwestern Syntax Screening Test
_____ Oral Peripheral Examination
_____ Peabody Picture Vocabulary Test (Form _____)
_____ Wepman Auditory Discrimination Test
_____ Utah
_____ Other _____

III. TEACHER INTERVIEW / CLASSROOM OBSERVATION

_____ states that the student's communication problem interferes
(Teacher's name)
with the following areas:

_____ Oral Expression
_____ Listening Comprehension
_____ Written Expression
_____ Basic Oral Reading Skill
_____ Reading Comprehension
_____ Mathematics Calculation
_____ Mathematics Reasoning

COMMENTS: _____

IV. LANGUAGE

*A. RECEPTIVE LANGUAGE

Receptive language, as measured by the _____,
(Name of test
was approximately _____ at the chronological age of _____
(language age)
indicating (normal receptive language functioning or mild / moderate / severe / profound receptive language deficits). Results indicate (an impairment / no impairment) of the (phonologic / morphologic / semantic / syntactic systems). Ability to follow commands is (adequate / inadequate).

The student (requires / does not require) information to be repeated excessively.

COMMENTS: _____

B. RECEPTIVE VOCABULARY

Receptive Vocabulary, as measured by the Peabody Picture Vocabulary Test, Form _____, was approximately _____ years (below / above) chronological age expectations. The student obtained a mental age score of _____ years, _____ months.

COMMENTS: _____

*C. EXPRESSIVE LANGUAGE

Expressive language, as measured by _____ (Name of test or informal observation), indicated a chronological age of _____. The student (does / does not) exhibit (echolalia / perseveration). In general, the student communicates through (gesture / gesture and spoken language / spoken language). The student's dialectical pattern (does / does not) contribute to a communication problem.

COMMENTS: _____

D. AUDITORY SKILLS

1. The Language and Speech Screening Test (LAST) indicated:
   _____ a. auditory skills commensurate with age level;
   _____ b. auditory skills were below chronological age expectancy as evidenced by: _____

   OR

2. Assessment of auditory skills yielded the following results:
   a. Auditory Association _____
   b. Auditory Memory _____
   c. Auditory Reception _____
   d. Auditory Closure _____
   e. Grammatic Closure _____
   f. Sound Blending _____

V. SPEECH ANALYSIS

A. ORAL MECHANISM

1. Examination and observation of the oral peripheral mechanism revealed the structures to be (adequate / inadequate) for speech production. Fine motor control of the oral structures (was / was not) adequate for rapid sequencing of syllables and the execution of lateral and elevated tongue movements. COMMENTS: _____

2. If a cleft of the lip and/or palate or a submucous cleft was observed or reported, describe: _____

Report of any planned or completed surgical procedures: _____

B. DENTITION (Check most appropriate description)

___ 1. No dentition problems or abnormalities were observed

___ 2. The following problem(s) with dentition was/were observed:

_____ open bite _____ over bite _____ dental caries _____ poor dental hygiene

_____ cross bite _____ under bite _____ prosthesis

COMMENTS: _____

C. ARTICULATION

Results of the Goldman-Fristoe Test of Articulation indicated that the production of phonemes in (words / words and phrases) was (commensurate with age level expectancy / deviant as characterized by): Substitutions of the following phonemes: _____

Omissions of the following phonemes: _____

Distortions of the following phonemes: _____

D. STIMULABILITY

_____ All phoneme errors were stimulable.

OR

_____ The following phoneme errors were not stimulable: _____

E. CONVERSATIONAL SPEECH

The student's conversational speech indicated that (his / her) articulation pattern was (consistent / not consistent) with test results. (If not, explain: _____

VI. AUDITORY ACUITY

___

___

___ C. Pure tone audiometric screening indicated that this student:

_____ 1. Passed all audiometric screening

_____ 2. Needs a complete audiometric assessment

_____ A referral for (audiometric assessment / audiometric assessment and ENT examination / ENT examination) was made.

N/A

VII. VOICE

On the basis of observations of vocal quality, it is indicated that this student does (not) exhibit a voice problem. (If so, as characterized by the following:)

_____ Vocal (abuse / misuse) has been observed by the (student / examiner / others.)
_____ Vocal pitch is abnormally (high / low / invariant).
_____ Vocal quality is abnormally (breathy / hoarse / harsh or strident / husky).
_____ The student's voice is (absent / abnormally soft / abnormally loud).
_____ There is evidence of nasal emission.
_____ A referral for an ENT examination (is / is not) needed.
_____ The student's vocal or nasal resonance is not adequate.

(If an ENT examination has been done, complete the following:)

A laryngeal examination was done on _____ (Date) by _____ (Name of examining physician).

Results are filed _____ (Name of location). The following is a description of the results: _____

_____

_____

COMMENTS: _____

_____

_____

VIII. FLUENCY

The student (does / does not) demonstrate an observable impairment in fluency. (If so, complete the following:)

Frequency of dysfluencies is approximately _____ (Number of dysfluencies) dysfluencies in a _____ minute speech sample. The dysfluencies (are / are not) variable in different speaking situations. The student reports that _____ is his "best" speaking situation and _____ is his "worst".

The student (does / does not) demonstrate (secondary symptoms / adaptations). (If secondary symptoms are present, describe:) _____

_____

_____

The type of dysfluency can best be described as (sound repetition / syllable repetition / word repetition / prolongations / blocks / circumlocuations). COMMENTS: _____

_____

_____

_____ _____ _____

IX. INTERGRATED CLINICAL SUMMARY

_____

_____

_____

_____

X. GENERAL COMMENTS

_____

_____

_____

1508 Eligibility Criteria Check Sheet

Name _____

Age _____

Severity _____

Weight (X factor) _____

Language

X1	12-18 months from the norm	_____
X2	18-24 months from the norm	_____
	Pre-schoolers 0-4	
	6-12 months delay	_____
	Conversational speech evidently delayed	_____
X3	24-36 months from the norm	_____
	Pre-schoolers 0-4	
	12-18 months delay interferes with communication and educational process	_____
	phonological problem	_____
X4	36 months or more from norm	_____
	Pre-schoolers 0-4	
	18 months or more delay	_____
	No usable language to unintelligible speech	_____
	Educational delay and severe	
	phonological problem	_____
	or	
	A combination of X3 and an X2 of another speech impairment.	

Name_____

Age _____

Severity _____

Weight (X factor) _____

Articulation

X1	One or two phonemes misarticulated consistently; sounds stimulable but phoneme development below chronological age.	_____
X2	Three or more phonemes misarticulated; intelligible speech.	_____
X3	Unintelligible some of the time; phonemes stimulable; speech distractible; pupil frustration.	_____
X4	Unintelligible, nonstimulable, frustration high, does not speak	_____
	or	
	A combination of X3 and X2.	_____

Name _____

Age _____

Severity _____

Weight (X factor) _____

Fluency

X1	3-5 stuttered words	____
	or	
	3-5% disfluency rate	____
	No struggle	____
	Child unaware	____
	Parents and other unconcerned	____
X2	5-10 stuttered words	____
	or	
	5-10% disfluency rate	____
	Awareness of problem	____
	Parents and other concerned	____
	Some struggle behavior	____
X3	10-20 stuttered words	____
	10-20% disfluency rate	____
	Awareness of problem	____
	Struggle present	____
X4	20 stuttered w.p.m.	____
	20% disfluency rate	____
	Communication an effort	____
	Avoidance and frustration and struggle are present	____
	Complete blocking	____
	or	
	A combination of a X3 and X2 of another speech impairment	____

Name_____

Age _____

Severity _____

Weight (X factor) _____

Voice

X1	Slight	____
	Chronic	____
	pitch	____
	loudness	____
	resonance	____
	intensity	____
X2	Chronic	____
	Consistent	____
	pitch	____
	quality	____
	resonance	____
	intensity	____
	Noted by trained listener	____
X3	Chronic	____
	Noticeable	
	pitch	____
	quality	____
	resonance	____
	intensity	____
	Interferes with Communication	____
X4	Chronic	____
	pitch	____
	quality	____
	resonance	____
	intensity	____
	Interferes with Communication	____
	or	
	A combination of an X3 and an X2 of another speech impairment	____

Annual School Report

CONTINUED

II. CLASS ROLL: List all special education students you serve.

	Name of Student	Age	Race	Sex	Grade or NG	Exceptionality	Speech	Instructional time		Date of most recent multidisciplinary evaluation	Date most recent IEP was developed or reviewed
								Min/Day	Day/Week		
29.											
30.											
31.											
32.											
33.											
34.											
35.											
36.											
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81.											
82.											
83.											

Monitoring

Individual Case Review Form
Administrative Site Review Analysis
Physical Facilities

SEA
SPEECH/HEARING/LANGUAGE
INDIVIDUAL CASE REVIEW

Student _____ School _____ LEA _____

Age ____ Group [S] [H] [L] Individual [S] [H] [L] Minutes Weekly _____

Multiple Factor Applied [1] [2] [3] [4]

Related Service Hearing Aid Check ☐ Physical Therapy ☐ Others ☐ ____

Other Exceptionality EMR ☐ TMR ☐ VI ☐ HI ☐ ED ☐ LD ☐ OH ☐

	DATE	TYPE OF DOCUMENTATION	LOCATION IN THE SCHOOL
1. Screening	_____	_____	_____
Speech	_____	Form	_____
Hearing	_____	Form	_____
Vision	_____	Record	_____
2. Parental Permission to Evaluate	_____	Letter	_____
3. Evaluation	_____	Report	
Speech	_____	Report	_____
Hearing	_____	Audiogram	_____
Language	_____	Report	_____
Educational	_____	Report	_____
Other	_____	_____	_____
4. Re-evaluation (3 yrs)	_____	_____	_____
Speech	_____	Report	_____
Hearing	_____	Audiogram	_____
Language	_____	Report	_____
Educational	_____	Report	_____
Other	_____	Other	_____
5. Parental Notification	_____	Letter	_____
	_____	Letter	_____
	_____	Letter	_____

SCHOOL

Due Process Initiated _____ Letter _____ _____

6. IEP Developed _____ _____ _____

Parents _____

SHLS _____

SET _____

Principal _____

Other _____

7. Placement Made _____ _____ _____

8. Progress Reports to Parents _____ _____

p.3 IEP		Other

_____

_____

_____

_____

_____

_____

9. Annual IEP Update _____ _____

_____ _____

_____ _____

Comments:

Reviewed by: _____
SEA Date

_____
BEH Date

SPEECH/HEARING/LANGUAGE

ADMINISTRATIVE SITE REVIEW ANALYSIS

S/H/L Specialist's Name _____ School _____

Reviewer _____ Date _____ LEA _____

Part A. Minimum Requirements: Act 754	YES	NO
1. Is the caseload within prescribed limits?	___	___
2. Has a multiple factor been applied to each case?	___	___
3. Are all students scheduled for at least one hour of therapy per week?	___	___
4. Is appropriate evaluation data available on each student?	___	___
5. Is an appropriate IEP developed on each student based on the evaluation data?	___	___
6. Are the IEP goals stated in measurable terms in percentage of correction based on the prognosis of the problem?	___	___
7. Are adequate testing and therapeutic materials and equipment provided to meet individual student needs?	___	___
8. Are the physical facilities provided appropriate for the students being served?	___	___
9. Are all needed related services provided?	___	___
10. Are periodic progress reports sent to parents as required?	___	___
11. Have all IEP's been updated appropriately?	___	___
12. Are all students re-evaluated every three years?	___	___
13. Are procedures being taken to ensure confidentiality of information?	___	___
Part B.		
1. Are all requirements fulfilled?	___	___

2. No action taken:

_____

Part C. Recommended Action:

_____

_____

_____

_____

Part D. Verification of Review:

_____

Signature of SHLS Date

Part E. Follow-up Visit:

Corrective action taken:

_____

Signature of SEA Reviewer Date

PROGRAM AUDIT

PHYSICAL FACILITIES OBSERVATION FORM

School System: _____
School: _____
Level: EL MID HS

VARIABLE	ROOM 1	ROOM 2
TEACHER(S)		
CLASS-ROOM USE	__Resource Rm. __Tutorial __Substantially Separate Class __Other: _____	__Resource Rm. __Tutorial __Substantially Separate Class __Other: _____
FLOOR	_Bsmt _1 _2 _3 _4 _Other: ____	_Bsmt _1 _2 _3 _4 _Other: ____
LOCATION	__among other classrooms __end of corridor __other: _____	__among other classrooms __end of corridor __other: _____
PHYSICAL CONDITION	OK / PROBLEM Space Ventilation Lighting Acoustics Attractive-ness Maintenance Distractions: Visual Auditory	OK / PROBLEM Space Ventilation Lighting Acoustics Attractive-ness Maintenance Distractions: Visual Auditory

FOR HEARING-IMPAIRED ONLY:

Classrooms have:	Yes	No
a. carpets	___	___
b. ceilings low enough for good acoustics	___	___
c. shades or drapes on windows	___	___
d. adequate overhead lighting	___	___

Do the physically-handicapped have access (i.e., ramps, wide doors, etc.) to the following:

	Yes	No
a. building itself. . .	___	___
b. lavatories	___	___
c. classrooms.	___	___
d. corridors	___	___
e. cafeteria	___	___
f. auditorium.	___	___
g. playground.	___	___
h. gymnasium	___	___
i. pool.	___	___
j. Other_____	___	___

BUILDING IN GENERAL

	Yes	No
1. Are the rooms in which special education programs provided:		
a. at least equal in all physical respects to the average standard for the rest of the school system?	___	___
b. adequate for the type of instruction?	___	___
c. adequate for the number of students accommodated?	___	___
2. Do the facilities for special needs students make it possible to integrate these students into the regular school program?	___	___

3. Overall condition of building: __excellent __good __fair __poor

INDIVIDUALIZED EDUCATION PROGRAM IEP1

LOUISIANA STATE DEPARTMENT OF EDUCATION

Student Student's Name DOB Date of Birth Exceptionality As named on the Individual Evaluation report

Committee Members Present
(Signatures/Position)

1)	2)	3)
Committee members in attendance sign - including parent/guardian (this signature of parent does not denote approval)	* First IEP up-date	* Second IEP up-date

Individual Evaluation Report: __/__/__ Date
__Rec'd by parents __Discussed
(Do not proceed if parents have not received a copy of the Individual Evaluation)

Evaluation due: __/__/__ Date
On third anniversary, or earlier, if recommended in the report

Present Levels of Functioning

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Date IEP development Grade Current grade or N/G	Date Grade	Date Grade
School Current school attends	School	School

Profile of performance in academic, social, motor, self-help, physical, and vocational areas, as pertinent. Possibly grade levels and/or areas of strengths and weaknesses and skill description. Possibly behavior in school and out-of-school situations

* First IEP up-date

* Second IEP up-date

__Discussed progress toward goals
Check during first IEP up-date

Check during second IEP update
__Discussed progress toward goals

Teacher (White copy) Parent 1st year (Golden Copy) Parent 2nd year (Pink Copy) Parent 3rd year (Canary Copy)

123 * A formal IEP up-date conference must be held at least once a year but may be held at any time prior at the request of the parents or the school personnel when deemed necessary.

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Check as many as are appropriate. Parents and school personnel may not be in agreement. May be revised in update conference.

Check as many as are appropriate.

INDIVIDUALIZED EDUCATION PROGRAM

LOUISIANA STATE DEPARTMENT OF EDUCATION

Check as many as are appropriate.

IEP2

Student _____ DOB _____ Exceptionality _____

Long-Term Educational Goals:

- __Maintain physical and social well-being
- __Personal self-sufficiency
  - __Partial __Complete
- __Skill development necessary for competitive employment
- __Literacy
- __Other _____

Ultimate Educational Outcomes:

- __Maintain physical and social well-being
- __Economic usefulness
- __Modified high-school
- __High School Diploma
- __Modified diploma
- __Vocational Skills
- __College
- __Other _____

Overall Educational Needs:

- __Regular classroom instruction
- __Specially designed instruction
- __Residential Program
- __Related support services
- Other _____

Check after discussion

__Discussed how progress toward goals will be measured

Criteria for measuring progress toward goals and outcomes

Comments: May address pertinent issues during a conference relating to goals, outcomes and/or needs

Annual Goals: The student will... (State any barriers that might affect goal achievement)	Person(s) Responsible	Date Revised/ Completed
Number and write priority goals in terms of student behavior including all components of behavior goal/objective. Note any factors which may act as barriers to goal achievement	State for each goal	When goal is achieved/ modified
First IEP up-date		
Second IEP up-date		

Teacher (White Copy) Parent 1st yr. (Golden Copy) Parent 2nd yr. (Pink Copy) Parent 3rd yr. (Canary Copy)

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INDIVIDUALIZED EDUCATION PROGRAM

LOUISISANA STATE DEPARTMENT OF EDUCATION

_____ _____ DOB _____ Exceptionality _____ Date _____

Committee Decisions

.Placement for Instruction:
Based on a review of the student's present levels of performance, his projected goals and his educational needs, this committee thinks that the student will have the best opportunity for success in the following program: as per 754 Regs., 447 (c)

Program Specific type needed Comments (if any) To further justify or comment on mainstream schedule, et

Expected Time:	Instruction per yr.:	Physical Educ. class:	Type placement selected:
__less than one yr. __1 yr.	__9 mos. __longer*	__Regular __Special*	__Regular class
__more than two yrs. __2 yrs.	*Give Time/Provisions	*Give type instruction	__Regular class/Resource
ong will remain in program	Length of instruction.	*If special, describe	__Self-contained class/Reg.
Regular class:	*Longer needs to be	program	__Self-contained class
% of Time _____ weekly	documented by multi-		__Hospital/Homebound
: in regular class. Subtract	disciplinary evaluation.		__Residential Program
time spent in all special programs			__Other Check appropriate
related services.			space in continuum of LRE
			settings

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.Related Services (Check if provided more than school year)	Responsible ** Agency	Role of ** Agency	Responsible ** Person
Name each related Indicate date of initiation and	LEA or other	State the general	State the title and
service which is related anticipated duration	local/state public	role.	quatifications of person
directly to special education	agency according to established interagency agreement		rendering service

**Parents may sign before these items are completed.

**

.Type Instructional Personnel	Qualifications	D.Bilingual Educ.:	E.Migrant Student:
State the type of special	State the general	__No __Yes*	__No __Yes*
teacher(s) and other instructor(s)	certification/license	*Give Needs	*Give Needs
	required	*Specify needs	* Specify needs

.Person Responsible for
k Overall Implementation
sh Parish Supervisor
rvisor Other (give position)
: SSD#1 or another agency shares
onsibility

G. Estimated TOTAL COST from school district funds to implement this IEP (include related services) not paid in full by other agencies)
Reflect excess costs

.Comments: If used, should relate to items on this page

One teacher signs
(Receiving Teacher's Signature)

After discussing my child's special education needs, I approve this proposed IEP.
Parent/guardian dates and signs.
Denotes approval of IEP
(Date) (Parent/Guardian)

I agree to ensure that the program and services described in this IEP are pro- - vided.
Supervisor/Designee dates and signs
(Date) (Supervisor/Designee)

entral Office (White copy) Teacher (Canary Copy) Parent (Pink copy)

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LOUISIANA STATE DEPARTMENT OF EDUCATION

Short Term Objectives

from __/__/__ to __/
(Date) (D

Student _____ DOB __/__/__ School _____ _____

Special Program/Support Service(s) _____ Teacher _____ _____

Code	To meet goal	Given these conditions...	The student will be able to... (Name skill, behvaior, performance)	Criteria for Evaluation	Commen

State any barriers that may affect student's meeting stated objectives.

Teacher(White copy) Parent(with comments, Canary copy) Parents(without comments, Pink copy)

CODE OF ETHICS

CODE OF ETHICS
Louisiana Board of Examiners
for
Speech Pathology and Audiology

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the successful discharge of the professional responsibilities of all speech-language pathologists and audiologists. This Code of Ethics has been promulgated by the LBESPA in an effort to stress the fundamental rules considered essential to this basic purpose. Any action that is in violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics should not be construed as denial of the existence of other responsibilities or practices.

The fundamental rules of ethical conduct are described in three categories: Principles of Ethics, Ethical Proscriptions, Matters of Professional Propriety.

1. Principles of Ethics. Six Principles serve as a basis for the ethical evaluation of professional conduct and form the underlying moral basis for the Code of Ethics. Individual subscribing to this Code shall observe these principles as affirmative obligations under all conditions of professional activity.

2. Ethical Proscriptions. Ethical Proscriptions are formal statements of prohibitions that are derived from the Principles of Ethics.

3. Matters of Professional Propriety. Matters of Professional Propriety represent guidelines of conduct designed to promote the public interest and thereby better inform the public and particularly the persons in need of speech-language pathology and audiology services as to the availability and the rules regarding the delivery of those services.

PRINCIPLE OF ETHICS I

Individuals shall hold paramount the welfare of persons served professionally.

A. Individuals shall use every resource available, including referral to other specialists as needed, to provide the best service possible.

B. Individuals shall fully inform persons served of the nature and possible effects of the services.

C. Indivduals shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.

D. Individuals' fees shall be commensurate with services rendered.

E. Individuals shall provide appropriate access to records of persons served professionally.

F. Individuals shall take all reasonable precautions to avoid injuring persons in the delivery of professional services.

G. Individuals shall evaluate services rendered to determine effectiveness.

Ethical Proscriptions

1. Individuals must not exploit persons in the delivery of professional services, including accepting persons for treatment when benefit cannot reasonably be expected or continuing treatment unncessarily.

2. Individuals must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised not to mislead persons served professionally to expect results that cannot be predicted from sound evidence.

3. Individuals must not use persons for teaching or research in a manner that constitutes invasion of privacy or fails to afford informed free choice to participate.

4. Individuals must not evaluate or treat speech, language or hearing disorders except in a professional relationship. They must not evaluate or treat solely

y correspondence. This does not preclude ollow-up correspondence with persons preiously seen, nor providing them with general nformation of an education nature.
. Individuals must not reveal to unauthorzed persons any professional or personal nformation obtained from the person served rofessionally, unless required by law or nless necessary to protect the welfare of he person or the community.
. Individuals must not discriminate in he delivery of professional services on ny basis that is unjustifiable or irreleant to the need for and potential benefit rom such services, such as race, sex or eligion.
. Individuals must not charge for services ot rendered.

PRINCIPLE OF ETHICS II

Individuals shall maintain high stanards of professional competence.
.. Individuals engaging in clinical pracice shall possess appropriate qualificaions.
). Individuals shall continue their proessional development throughout their areers.
:. Individuals shall identify competent, lependable referral sources for persons erved professionally.
). Individuals shall maintain adequate records of professional services rendered.

Ethical Proscriptions

1. Individuals must neither provide services nor supervision of services for which they have not been properly prepared, nor permit services to be provided by any of their staff who are not properly prepared.
2. Individuals must not delegate any service requiring the professional competence of a qualified clinician to anyone unqualified.
3. Individuals must not offer clinical services by supportive personnel for whom they do not provide appropriate supervision and assume full responsibility.
4. Individuals must not require anyone under their supervision to engage in any practice that is a violation of the Code of Ethics.

PRINCIPLE OF ETHICS III

Individuals' statements to persons served professionally and to the public shall provide accurate information about the nature and management of communicative disorders, and about the profession and services rendered by its practitioners.

Ethical Proscriptions

1. Individuals must not misrepresent their training or competence.
2. Individuals' public statements providing information about professional services and products must not contain representations or claims that are false, deceptive or misleading.
3. Individuals must not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

Matters of Professional Propriety

1. Individuals should announce services in a manner consonant with highest professional standards in the community.

PRINCIPLE OF ETHICS IV

Individuals shall maintain objectivity in all matters concerning the welfare of persons served professionally.
A. Individuals who dispense products to persons served professionally shall observe the following standards:
(1) Products associated with professional practice must be dispensed to the person served as a part of a program of comprehensive habilitative care.
(2) Fees established for professional services must be independent of whether a product is dispensed.
(3) Persons served must be provided freedom of choice for the source of services and products.
(4) Price information about professional services rendered and products dispensed must be disclosed by providing to or posting for persons served a complete schedule of fees and charges in advance of rendering services, which schedule differentiates between fees for professional services and charges for products dispensed.
(5) Products dispensed to the person served must be evaluated to determine effectiveness.

Ethical Proscriptions

. Individuals must not participate in ctivities that constitute a conflict of rofessional interest.

Matters of Professional Propriety

. Individuals should not accept compensaion for supervision or sponsorship from he clinician being supervised or sponsored.
. Individuals should present products they have developed to their colleagues in . manner consonant with highest professionl standards.

PRINCIPLE OF ETHICS V

Individuals shall honor their responsiilities to the public, their profession, nd their relationships with colleagues and embers of allied professions.

Matters of Professional Propriety

1. Individuals should seek to provide and expand services to persons with speech, language and hearing handicaps as well as to assist in establishing high professional standards for such programs.
2. Individuals should educate the public about speech, language and hearing processes, speech, language and hearing problems, and matters related to professional competence.
3. Individuals should strive to increase knowledge within the profession and share research with colleagues.
4. Individuals should establish harmonious relations with colleagues and members of other professions, and endeavor to inform members of related professions of services provided by speech-language pathologists and audiologists, as well as seek information from them.
5. Individuals should assign credit to those who have contributed to a publication in proportion to their contribution.

PRINCIPLE OF ETHICS VI

Individuals shall uphold the dignity of the profession and freely accept the profession's self-imposed standards.
A. Individuals shall inform the Louisiana Board of Examiners for Speech Pathology and Audiology of violations of this Code of Ethics.
B. Individuals shall cooperate fully with the Louisiana Board of Examiners for Speech Pathology and Audiology's inquires into matters of professional conduct related to this Code of Ethics.

REFERENCES

Nicalosi, Lucille, Terminology of Communication Disorders, Williams and Wilkins, 1978

Federal Registers

Privacy Rights of Parents and Students, Final Rule on Education Records. Federal Register, 41 (June 17, 1976)

Non Discrimination on the Basis of a Handicap (Sec. 504) Federal Register, 42 (May 4, 1977) (84-31)

Implementation of Part B of the Education of the Handicapped Act (PL 94-142) Federal Register, 42 (August 23, 1977) (121a.1 - 121m.1)

Procedures for Evaluating Specific Learning Diabilities, Federal Register, 42 (December 29, 1977)

Court Decisions

Mill vs. Board of Education of the District of Columbia, 348 F. Supp. 866 (D.D.C. 1972)

Pennsylvania Association for Retarded Children vs. Commonwealth of Pennsylvania F. Supp., 279, (E.D. Pa. 1972)

Statutes

Act 754, 1977
Regulations, 754, 1978

Louisiana Standards for State Certificaition of School Personnel, Bulletin 746, State Department of Education

Public Law 93-112, Vocational Rehabilitation Act of 1973 (July 26, 1973)

Public Law 93-380, Education Amendment of 1974 (August 21, 1974)

Public Law 94-142, Education for all Handicapped Children Act (November 29, 1975)

Pupil Appraisal Services, Bulletin 1508, State Department of Education, 1978